

**ARKANSAS REHABILITATION SERVICES  
POLICY AND PROCEDURE MANUAL  
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# I. INTRODUCTION

## LEGISLATION

This manual is based on:

- State and Federal statutes
- Federal and State regulations
- State Plan for Vocational Rehabilitation Services

## HISTORY AND CURRENT LEGISLATION

Arkansas Code Annotated § 25-30-201, Rehabilitation Act of Arkansas

Arkansas Code Annotated § 20-79-207, Arkansas Rehabilitation Services

Rehabilitation Act Amendments of 1998 - 29 U.S.C. § 701 et. seq.

State Vocational Rehabilitation Services Program – 34 C.F. R. Part 361

Workforce Investment Act of 1998 - 20 U.S.C. § 9201 et. seq.

Individuals with Disabilities Education Act - 20 U.S.C. §1400 et. seq.

Americans with Disabilities Act - 42 U.S.C. §12101 et. seq.

Civil Rights Act of 1964 - 42 U.S.C. § 2000d et. seq.

Arkansas Workforce Investment Act of 1998 - Arkansas Code Annotated § 15-4-2201

Other Federal and State laws

## PURPOSE

Arkansas Rehabilitation Services (ARS) receives a federal grant from the Rehabilitation Services Administration (Office of Special Education and Rehabilitation Services, Department of Education) to operate a comprehensive, coordinated, effective, efficient and accountable program designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, in order to prepare for and engage in gainful employment. 34 C.F.R. § 361.1

## **PUBLIC ACCESS TO ADMINISTRATIVE POLICY**

**State Plan** - This multi-year plan contains a description of Arkansas Rehabilitation Services (ARS) vocational rehabilitation services program, the policies to carry out the program and other information as requested by Rehabilitation Services Administration. This multi-year plan seeks input from the public and others designated by the Rehabilitation Act. 34 C.F.R. § 361.10 (a.), 34 C.F.R. § 361.10 (d.), 34 C.F.R. § 361.20 (a.) and 34 C.F.R. § 361.21

**Rehabilitation Council** - The Council partners with ARS on a regular and on-going basis by providing advice on the development, implementation and amendments to the State plan, policies and procedures pertaining to vocational rehabilitation services. The Council is Governor appointed consisting of individuals with disabilities, family members, advocates, vocational rehabilitation counselor, and representatives from parent training center, Client Assistance Program, business industry and labor. The Commissioner serves as a non-voting member. 34 C.F.R. § 361.17

**Policy Promulgation Process** - Arkansas Administrative Procedures Act requires ARS to receive public input on policies and procedures.

**Arkansas Independent Living Council (AIRC)** -ARS works jointly with the AIRC in the development and implementation of a statewide Independent Living State Plan.

## II. REFERRAL AND ASSESSMENT

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## II. REFERRAL AND ASSESSMENT

### REFERRAL

Arkansas Rehabilitation Services (ARS) will receive all referrals from any source. Eligibility requirements will be applied without regard to the person's sex, race, age, creed, color, or national origin. No group of individuals will be excluded or found ineligible solely on the basis of type of disability.

ARS will provide outreach to underrepresented and under-served individuals in seeking referrals from non-profit and for profit agencies serving minorities, owned or controlled by minorities, and medical professionals who serve the minority community. ARS does not impose a residence duration requirement. 29 U.S.C. § 19 (b.)

Status 00 is used when an individual has been referred to VR and the minimum information has been obtained. The individual has not actually requested services in this status. No money may be spent in this status.

### PROCEDURES – REFERRAL

- Referral sources will be cultivated and considered partners in our communities.
- A referral will be keyed into ARIMIS, in Status 00, when adequate information is received. (Name, address, SS#, and any other demographic information) **Note: The Federal Special Program code should be 000 at time of referral unless the individual is receiving SSI/SSDI.**
- The counselor will create a Status 00 case file that includes all information received, ARIMIS printout, and case notes of action taken.
- Within five (5) working days, the individual will be contacted and provided directions and information to prepare the individual to consider making an application.
- **To expedite the application process the individual will be provided a client handbook, and will be instructed to gather current information (medical, psychological, educational, vocational and SSI & SSDI verification).**
- The individual will be given an appointment and a contact person, or information to contact the Agency for an appointment.
- If the individual does not wish to receive VR services but needs work related services, the counselor will provide information and referral services using an appropriate means of communication.
- Document in the case notes the specific action taken.
- ARIMIS will automatically drop the Status 00 from the system if no action is taken within 180 days.
- The individual's information will be destroyed after 180 days. **The ARIMIS system will not allow a (08) closure from Status 00.**

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**Note: If an individual with a primary disability of blindness or visual impairment is referred for services, the individual will be referred to Services for the Blind. ARS may serve individuals with blindness or visual impairment as a secondary disability.**

**Note: Cases reported/referred by the State Office/Governor's Office/ Legislators The counselor will immediately (or no more than 3 working days) report findings and opinions to the Chief of Field Services. This response will be in writing.**

## **APPLICATION**

An individual is considered an applicant and placed in **Status 02** when sufficient information to initiate an assessment is received, through written application or other method, and the individual is available to complete the assessment process. If the individual definitely requests to make application or requests services, the individual is placed in Status 02 regardless of method of request, (including in-person, written, telephone, e-mail or internet.)

**Note: Referrals on Application forms from One-Stop Arkansas Workforce Centers will be accepted as an application for Rehabilitation Services and placed in Status 02.**

ARS will make application forms widely available throughout the state including the One-Stop Arkansas Workforce Centers.

**An application will be accepted on any individual who claims to have a disability and requests to apply for services.** If the individual is under age 18, parent/guardian consent is required. Status 02 is used for the purpose of preliminary assessment, that is, determination of the individual's eligibility for VR services. Only assessment services can be provided in this status.

The **60-day time period** for determining eligibility begins once the individual:

1. Has either completed and signed an Agency application form or has otherwise requested services.
2. Has provided information necessary for the Agency to initiate the assessment.
3. Is available to complete the assessment process.

**Note: If unforeseen circumstances beyond the control of the counselor and individual preclude making an eligibility determination within 60 days, the counselor and individual must agree to a specific extension of time.**

**34 C.F.R. § 361.41**

The applicant's completion of the application process for vocational rehabilitation services is sufficient evidence of the individual's **intent to achieve an employment outcome**, and no additional demonstration on the part of the applicant is required.  
34 C.F.R. § 361.41

## CONFLICT OF INTEREST

Rehabilitation counselors should make every effort to avoid dual relationships that could impair their professional judgment or appear as a conflict of interest. Examples of dual relationships include close friends and relatives as consumers or prospective vendors in the community. If an applicant by virtue of address or day of application or by alphabet, etc., is routinely assigned to a counselor with whom the individual already has a close relationship, the counselor should advise the District Manager of the relationship. The District Manager will review the circumstances and determine if another counselor within the office should serve the case or if referral to another office should be made. ARS policy requires disclosure of any possible conflict of interest or the appearance of a conflict of interest and documentation of the action taken by the District Manager should be placed in the case file.

## PROCEDURES – APPLICATION

- Referrals on one- stop applications will be placed in Status 02.
- The counselor or rehabilitation assistant will complete the ARS application, (See Appendix E)
- Informed Consent if under age 18.
- Complete voter registration form or declination form, if applicable.
- The individual will be provided the ARS Client Handbook.
- The counselor will discuss the agency's Substance Free Policy with the applicant and give the applicant a copy of the Policy. (See Appendix F.)
- The applicant will acknowledge receipt of the Policy by signing the ARS Substance Free Policy form. The form will be placed in the individual's file. (See Appendix F.)
- Key ARIMIS data for Status 02 (Refer to ARIMIS Manual) **Note: The Federal Special Program code should be 000 at time of application unless the individual is receiving SSI/SSDI or documentation to determine significant disability is available.**
- Set up case file (See Section X)
- Secure medical release, if needed.
- Begin collecting existing data (medical, psychological, psychiatric, educational, or vocational reports and, if appropriate, SSI/SSDI verification.)

- The counselor must be aware of the Ticket to Work Program. If the individual is an SSI/SSDI recipient, the counselor must follow guidelines outlined in Ticket to Work in Appendix B.
- Complete case notes for initial case narrative. (See Appendix E.)
- If needed, documentation of the need for an extension of time to determine eligibility must be made in the case notes. The counselor must document the specific period of time for the extension.

## **INFORMED CHOICE – APPLICATION**

ARS will assure that applicants and eligible individuals or, if appropriate, their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the application process. Applicants will be given information, or assistance in acquiring the information, to assist in making an informed choice concerning vendors who provide services needed to establish eligibility for VR services. Counselor judgement and experience must be used to provide the appropriate information or, assistance in acquiring the information, to enable the applicant to make a responsible decision regarding the application process and program of services. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the applicant and that must lead to an employment outcome. 34 C.F.R. § 361

## **INFORMED CHOICE – PROCEDURES**

- The counselor will maintain a local, regional and statewide list of vendors who provide services needed to establish eligibility for VR services.
- To the extent available, the counselor will provide, or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the applicant in acquiring accreditation, certification, or other information relating to the qualifications of the providers.
- The counselor will describe the consequences of assessment outcomes and the effect on the potential eligibility for services for the applicant.
- The counselor will document in the case notes the specific action taken in the above procedures to assure that informed choice was provided.

## **ASSESSMENT-PRELIMINARY DIAGNOSTIC STUDY**

ARS will conduct an assessment to determine eligibility and, if an Order of Selection is in effect the individual's priority for services. Assistive technology services will be provided if required to complete the assessment. This assessment will be conducted in the most integrated setting possible, consistent with the individual's needs and based on the individual's informed choice. 34 C.F.R. § 361.42

The Counselor will review **existing data**, before determining if an assessment is needed to determine eligibility and, if so, what type. Based upon counselor judgment, additional assessment may be necessary if the existing data is unavailable, insufficient or inappropriate in describing the current functioning of the individual. Trial work experiences, assistive technology devices and services, personal assistance services and other appropriate support services that are necessary to determine whether an individual is eligible for services will be provided.

## **SSDI/SSI PRESUMPTIVE ELIGIBILITY**

Any applicant who has been determined eligible for Social Security benefits under Title II or Title XVI of the Social Security Act is presumed eligible in accordance with the provisions under ARS Policy and Procedure Manual, Section III, SSDI/SSI Eligibility. No further assessment is necessary for eligibility. 34 C.F.R. § 361.42 (c.)

**Assessments for Eligibility** are completed to determine the following:

- 1) The applicant has a physical or mental impairment.
  - 2) The impairment results in a substantial impediment to employment.
  - 3) A presumption that the applicant can benefit from receiving VR services in terms of an employment outcome.
  - 4) The applicant requires VR services to prepare for, enter into, engage in, or retain gainful employment consistent with the applicant's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.
- 34 C.F.R. § 361.42 (a.)

**Prior to the determination that an individual with a significant disability is incapable of benefiting from VR services in terms of an employment outcome due to the severity of disability, the Agency will provide the opportunity for Trial Work Experience/Extended Evaluation to demonstrate whether or not there is clear and convincing evidence to support the determination.**

Assessments for determining eligibility and priority for Order Of Selection are exempt from economic needs assessment.

## **PROCEDURES – ASSESSMENT**

- The counselor will gather information (i.e. medical, psychological, psychiatric, educational or vocational reports) documenting diagnosis (i.e.) with limitations of functional capacities. **Priority must be given to existing information.**
- The counselor should secure a signature from the applicant or their representative on the agency Request For Release Of Information form in order for reports to be obtained from specific sources. Examples of medical information that should be requested include specialist reports, medical and psychological reports, high school transcripts, and ACT scores.
- If existing reports do not describe the **current functioning** of the individual, the counselor may purchase copies of additional medical records, request consultation with the RIDAC consultant, authorize diagnostic services, or refer an applicant for diagnostic services through the Agency support unit (RIDAC) exercising informed choice. (See Appendix B Special Programs)
- If the case is to be closed at any time during the assessment process, refer to Closed Not Rehabilitated Before/During Evaluation. (Section VIII)

## **INFORMED CHOICE – ASSESSMENT**

ARS will assure that applicants and eligible individuals or, if appropriate, their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the assessment process. Applicants will be given information, or assistance in acquiring the information, to make an informed choice of vendors who provide assessment services needed to establish eligibility for VR services. Counselor judgement and experience must be used to provide the appropriate information, or assistance in acquiring the information, to enable the individual to make a responsible decision regarding the assessment process and program of services. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the individual and that must lead to an employment outcome. 34 C.F.R. § 361.52

## **PROCEDURES – INFORMED CHOICE – ASSESSMENT**

- The counselor will maintain a local, regional and statewide list of vendors who provide assessment services needed to establish eligibility for VR services.
- To the extent available, the counselor will provide, or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the applicant in acquiring accreditation, certification, or other information relating to the qualification of the providers.
- The counselor will describe the consequences of assessment outcomes and the effect on the potential eligibility for services for the individual.
- The counselor will make referrals to other consumer, local consumer groups, or disability advisory councils who have relevant information regarding the appropriate assessment.
- The counselor will document in the case notes the specific action taken in the above procedures to assure that informed choice was provided.

## **TRIAL WORK EXPERIENCE/EXTENDED EVALUATION**

If a determination cannot be made that an individual can benefit from VR services in terms of an employment outcome due to the severity of the disability, the individual will have an opportunity to be placed in Trial Work Experience. The Trial Work Experience must explore the individual's abilities, capabilities, and capacity to perform in real work situations with appropriate supports and training provided by the Agency, except in limited circumstances when the individual cannot take advantage of such experiences. Trial Work Experiences can include Supported Employment, On-the-Job Training or other real work situations. Trial Work Experiences must be of sufficient variety and over a sufficient period of time to make a determination that:

- 1) Sufficient evidence concludes that the individual can benefit from VR services in terms of an employment outcome, or
- 2) Clear and convincing evidence concludes the individual is incapable of benefiting from VR services in terms of an employment outcome

If a determination cannot be made in Trial Work Experience that an individual can benefit from VR services in terms of an employment outcome, the individual will have the opportunity to be placed in Extended Evaluation. An applicant may chose closure rather than enter or continue in either Trial Work Experience or Extended Evaluation. ARS must provide assistive technology devices and services, personal assistance services, and other appropriate support services that are necessary to determine whether an individual is eligible.

Termination of either Trial Work Experience or Extended Evaluation services must occur at any point if a determination is made that:

- 1) Sufficient evidence concludes the individual can benefit from VR services in terms of an employment outcome.
- 2) Clear and convincing evidence concludes the individual is incapable of benefiting from VR services in terms of an employment outcome due to the severity of the disability. 34 C.F.R. § 361.42 (d.)

Clear and convincing evidence is defined in definitions.

The Trial Work Experience or Extended Evaluation **Individualized Plan for Employment** will include only those services necessary to determine an employment outcome. Services must be provided in the most integrated setting possible and be consistent with informed choice.

The individual's progress will be assessed at least once every **90 days**.

## **PROCEDURES – TRIAL WORK EXPERIENCE OR EXTENDED EVALUATION**

- Complete a Certificate of Eligibility for Trial Work Experience or Extended Evaluation.
- The counselor must be aware of the Ticket to Work Program. If the Applicant is eligible under "presumptive eligibility", the counselor must follow guidelines outlined in Ticket to Work in Appendix B.
- Write an IPE consistent with Informed Choice.
- Key ARIMIS data for Status 06.
- The individual's progress will be assessed at least once every 90 days and a case note will be placed in the case file.
- When a decision of work feasibility or non-feasibility is made, the appropriate action of case closure or case acceptance is taken in accordance with informed choice. (Refer to Closure Section VIII or Eligibility Section III)
- The ARIMIS system will only allow 18 months for the case to remain in Trial Work Experience or Extended Evaluation. The Federal Regulations allow for an adequate period of time to make an eligibility determination in Status 06. If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 10 or 08. The District Manager will forward the request to the Chief of Field Services. The Central Office will enter the required information in ARIMIS.

## **INFORMED CHOICE – TRIAL WORK EXPERIENCE/EXTENDED EVALUATION**

ARS will assure that applicants and eligible individuals or their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to Trial Work Experience. Applicants will be given information, or assistance in acquiring the information, to make informed choice of vendors who provide assessment services by means of a Trial Work Experience. Counselor judgement and experience must be used to provide the appropriate information or assistance in acquiring the information to enable the individual to make a responsible decision regarding the assessment process and program of services through a Trial Work Experience. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the individual and that must lead to an employment outcome. 34 C.F.R. § 361.52

## **PROCEDURES – INFORMED CHOICE – TRIAL WORK EXPERIENCE/EXTENDED EVALUATION**

- The counselor will maintain a local, regional and statewide list of vendors/employers who may provide Trial Work Experience services needed to establish feasibility for employment.
- To the extent available, the counselor will provide, or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the applicant in acquiring accreditation, certification, or other information relating to the qualification of the providers.
- The counselor will describe the consequences of the Trial Work Experience outcomes and the effect on the potential eligibility for services for the individual.
- The counselor will document in the case notes the specific action taken in the above procedures to assure that informed choice was provided.

### III. ELIGIBILITY AND INELIGIBILITY DETERMINATION

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### III. ELIGIBILITY OR INELIGIBILITY DETERMINATION

ARS has the sole responsibility for determining eligibility for VR Services. **The ARS Commissioner has delegated the responsibility of determination of eligibility to the Counselor.**

For all individuals applying for services, ARS will conduct an assessment to determine eligibility and priority for services if the state is operating under an Order of Selection. 34 C.F.R. § 361.42 (a.) (2.)

Eligibility requirements will be applied in compliance with Titles VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race, color or national origin. The eligibility requirements are applicable without regard to the particular service need or anticipated cost of services required by an applicant or the income level of an applicant or applicant's family. Eligibility determination will be made within 60 days of the application date. Exceptional and unforeseen circumstances beyond the control of ARS that prevent the Agency from making an eligibility determination within 60 days will require ARS and the individual to agree on a specific extension of time. 34 C.F.R. § 361.42 (b.) (1-4)

Basic eligibility requirements are:

- 1) A determination that the individual has a physical or mental impairment.
- 2) A determination that the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual.
- 3) A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services.
- 4) A determination that the individual requires VR services to prepare for entrance into, engage in, or retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice. 34 C.F.R. § 361.42 (i.-iv.)

**Each individual who meets the eligibility requirements is presumed to be able to benefit from VR services in terms of an employment outcome, unless determined, based on clear and convincing evidence, that the applicant is incapable of benefiting in terms of an employment outcome due to the severity of the disability.** Clear and convincing evidence requires a high degree of certainty in order to conclude the individual is incapable of benefiting from services in terms of an employment outcome.

## **SSDI/SSI ELIGIBILITY**

**Social Security Disability Income (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients are considered to be individuals with a significant disability and presumed eligible for VR services, if the intent of the individual is to achieve an employment outcome.** The employment outcome must be consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual. The Agency is responsible for informing individuals through the application process that the individual must intend to achieve an employment outcome in order to receive VR services. No additional tests or procedures may be used to assess disability in order to determine eligibility.

**Note: The individual who is presumed eligible as a recipient of SSI/SSDI and who intends to achieve an employment outcome is eligible unless clear and convincing evidence demonstrate that the individual is incapable of benefiting from vocational services in terms of achieving an employment outcome due to the severity of the disability.**

Although an SSDI/SSI recipient is considered an individual with a significant disability, presumptive eligibility for VR services does not entitle the individual to priority for services over other individuals with significant disabilities or most significant disabilities if the state is operating under an Order Of Selection.

If an applicant for VR services asserts that he or she is eligible for Social Security benefits, but is unable to provide **appropriate evidence**, such as an award letter, to support that assertion, **ARS must verify the applicant's eligibility by contacting the Social Security Administration. This verification must be made within a reasonable period of time that enables ARS to determine the applicant's eligibility for VR services within 60 days of the individual submitting an application for services. 34 C.F.R. § 361.41(b)(2).**

**Note: Information in this section should not be construed to create entitlement to any vocational rehabilitation service.**

## **PROCEDURES - SSDI/SSI ELIGIBILITY**

- The counselor will obtain verification of SSI/SSDI benefits and a copy will be placed in the individual's file i.e. awards letter, benefit's check, verification from Social Security Administration, or a verified/valid Ticket.
- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation services. {Form RS-600-B (1) in Appendix E) The certification statement for the Certificate of Eligibility is **"This individual meets the presumptive eligibility requirement."**

- The counselor must be aware of the Ticket to Work Program. If the Applicant is eligible under “presumptive eligibility”, the counselor must follow guidelines outlined in Ticket to Work in Appendix B (Special Programs).
- To determine functional limitations, priority should be given to existing information.
- The applicant can be scheduled for additional testing, or medical, psychological, or psychiatric evaluation based on informed choice to determine limitations if this information is needed in the development of the IPE

### **CERTIFICATION OF ELIGIBILITY**

The counselor must include a formal certification statement signed and dated by the ARS counselor in each individual's record of services indicating eligibility for VR, Trial Work or EE services.

The Certificate of Eligibility must be completed prior to or simultaneously with an individual's acceptance for VR services, Trial Work or EE. As a minimum, the Certificate of Eligibility will contain the client's name, client's social security number, date of eligibility, and a statement of mental or physical impairment with resulting limitations.

### **COMPLETION OF PRELIMINARY DIAGNOSTIC STUDY**

The counselor completes the preliminary diagnostic study when enough information is obtained to write the Certificate of Eligibility or Ineligibility.

### **PROCEDURES – CERTIFICATE OF ELIGIBILITY**

- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation services signed and dated by the counselor. {Form RS-600-B (1)} (See Appendix E)
- The Certificate of Eligibility must be placed in the individual's file. (See Section X)
- Case notes should be made to reflect Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See Appendix E)
- Key ARIMIS data for Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See ARIMIS Manual)
- ARIMIS will only allow 90 days in Status 10. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 04,12, or 30. The District Manger will email the request to the Chief of Field Services.)

**Note: Under presumptive eligibility, the Certificate of Eligibility will be completed with documented verification that the consumer is a recipient of SSI/SSDI benefits.**

## **CERTIFICATION OF INELIGIBILITY**

When clear and convincing evidence establishes that an applicant does not meet the VR eligibility conditions or intervening reasons prevent eligibility determination, the counselor must include a formal Certificate of Ineligibility in the individual's record of services. This Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility certification will be made only after full participation with the individual or, as appropriate, their representative, or after an opportunity for consultation. The counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.

**Note: For procedures see Closure Section VIII.**

## **APPEAL/INELIGIBILITY DETERMINATION**

The individual may appeal the ineligibility determination. The counselor will provide the individual with information on the means, by which an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program. (See Due Process Section XIV)

34 C.F.R. § 361.41

**Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted if the individual refuses to participate, no longer resides in the state, or the whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)**

## **ORDER OF SELECTION**

If ARS is unable to provide the full range of vocational rehabilitation services to all eligible individuals, the Agency will operate under an Order of Selection. ARS will provide services based on an Order of Selection on a statewide basis. The Order of

Selection assures that individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services. Under an Order of Selection,

ARS will designate which priority categories will be served based on availability of resources. Changing conditions may cause a category that has already been assigned to be reclassified downward or upward.

In determining priority category, individuals are placed in the highest category for which they qualify. All individuals will be informed of the priority category for which they qualify. Rehabilitation clients who have an IPE for VR, Trial Work or EE services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE. Individuals who are not served due to the priority under the Order of Selection will be referred by the counselor to Workforce Investment Programs or other agencies for consideration of benefits/services.

The individual may appeal the determination of the priority category placement. ARS will provide the individual with information on the appeal process including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer.

### **Priority Category I - Most Significantly Disabled**

An individual with a most significant disability is defined as one who has a significant physical or mental impairment which:

- 1) seriously limits **two or more functional capabilities** (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time; and
- 3) Who has one or more physical or mental disabilities as defined below.

### **Priority Category II - Significantly Disabled**

An individual with a significant disability is defined as one who has a significant physical or mental impairment which:

- 1) seriously limits **one or more functional capabilities** (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;

- 2) whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\* ; and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*:

**\*\*\*Definition:** One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation. 29 U.S.C. 705(21)(A)

### **Priority Category III - Non-Significantly Disabled Needing Multiple Services**

Eligible individuals who are non-significantly disabled whose vocational rehabilitation is expected to require multiple services.

### **Priority Category IV - Non-Significantly Disabled**

Eligible individuals who are non-significantly disabled who cannot be classified into a higher priority. (Two or more VR services)

#### **Definitions:**

\* Two (2) or more major VR services, i.e. physical or mental restoration, training, counseling and guidance, or placement.

\*\* 90 days or more from the date services are initiated.

### **PROCEDURES - ORDER OF SELECTION**

- Eligibility (Status 10) must be established **prior** to applying the Order of Selection.
- Complete the Assessment for Determining Priority Category for Services. (See Appendix E)
- The consumer will be notified in writing of the priority category using the required form letter. The original will be mailed to the individual and a copy will be placed in the case file. (See Appendix E)

- Document the Category placement in the case notes by using the Order of Selection heading.
- If the individual does not meet the level of the priority category necessary to receive services, the individual may choose to be placed in a waiting (list) Status 04, or be referred to other Workforce partners or agencies, or closed in Status 30:

**If the individual chooses to be referred to other Workforce partners or agencies:**

- Referral will be made to the appropriate Workforce partner.
- Documentation of the referral will be placed in the case file.
- The case will be closed in Status 30 by completing RS600-C.
- Key Status 30 in ARIMIS.

**If the individual chooses to be placed on a deferred services list (Status 04):**

- Documentation of the action taken will be made in the case notes.
- Complete the Certificate of Eligibility. (See Appendix E)
- Key Status 04 in the ARIMIS system.
- If funding becomes available, an IPE will be completed and the case moved to Status 12 and services will be provided without further delay.
- If funding is not available, any cases remaining in Status 04 at the end of the fiscal year will be closed in Status 38.

## IV. INDIVIDUALIZED PLAN FOR EMPLOYMENT

Page

Individualized Plan for Employment and Amendments .....IV-1

## IV. INDIVIDUALIZED PLAN FOR EMPLOYMENT

ARS will conduct a thorough assessment for determining VR needs for each eligible individual. The purpose of this assessment is to determine the specific employment outcome, the criteria for evaluation of progress toward an employment outcome, and the nature and scope of VR services to be included in the IPE. The term employment outcome means with respect to the individual, (A) entering or retaining full-time, or if appropriate, part-time competitive employment in the integrated labor market, (B) satisfying the vocational outcome that is determined appropriate, including self-employment, telecommuting, or business ownership.

The IPE may be developed jointly between the VR counselor and the individual, or the individual may develop all or part of the plan independently, or with the technical assistance from another source. The completed plan must be approved and signed by the ARS counselor and the individual, or if appropriate, the individual's representative, within the framework of a counseling and guidance relationship. Assistance in completing the IPE form (RS600-A), if requested by the consumer will be provided by ARS.

The IPE must be designed to achieve the specific employment outcome, which is chosen by the individual consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, career interest, and informed choice. The documentation should show that there is adequate labor market demand to support the employment outcome. If relocation would be required, the individual must agree to relocate to an area with sufficient labor market demand for the chosen employment outcome prior to the signature and initiation of the IPE. The individual should acknowledge that they are familiar with the entry-level wages that are common in the chosen vocation.

For supported employment services, an employment outcome should include a description of the extended services needed and the source of extended services. If it is not possible to identify the source of extended services at the time the IPE is developed, a statement must be included explaining the reasonable expectation that extended services will become available prior to closure.

The IPE will be developed concurrently or within 90 days after a Certificate of Eligibility for VR Services or a Certificate of Eligibility for Trial Work Experience or EE Services has been completed. **A copy of the IPE will be provided to the individual.**

The IPE will be amended each time a substantial change is made in the individual's rehabilitation program. **A copy of all Amendments will be provided to the individual.**

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**Note: A new IPE must be completed when an individual is moved from Trial Work Experience or EE services to an accepted status for VR Services.**

**Counselor's Role:**

- provide information, tools, and resources to encourage decision making skills,
- facilitate the decision making process,
- support decision implementation, and
- provide the consumer with information about the parameters, which may affect the range of available career goals or service options.

**The components that the IPE must contain:**

- A specific employment outcome consistent with informed choice,
- criteria for evaluation of progress toward employment outcome,
- specific rehabilitation services,
- projected timelines for initiation and duration of services,
- schedule for periodic reviews and evaluations
- entity to provide services and methods for procurement,
- responsibilities of the individual,
- need for post-employment services, and
- need for supported employment services. 34 C.F.R. § 361.45 and 34 C.F.R. § 361.46

**THE SERVICES, SERVICE PROVIDERS, AND ALL ACTIVITIES SELECTED BY THE INDIVIDUAL MUST BE NECESSARY TO MEET THE EMPLOYMENT OUTCOME GOAL.**

**THE INDIVIDUAL OR REPRESENTATIVE MUST SIGN AND DATE THE IPE. THE INDIVIDUAL OR REPRESENTATIVE MUST BE GIVEN A COPY OF THE IPE.**

**THE ARS COUNSELOR IS THE APPROVING AUTHORITY; THEREFORE, THE COUNSELOR'S SIGNATURE INDICATES APPROVAL OF THE INDIVIDUAL'S IPE.**

**THE IPE IS TO BE REVIEWED ANNUALLY.**

**THE IPE CAN BE AMENDED AT ANY TIME UTILIZING INFORMED CHOICE.**

**AMENDMENTS DO NOT TAKE EFFECT UNTIL AGREED TO AND SIGNED BY THE ARS COUNSELOR AND INDIVIDUAL OR REPRESENTATIVE.**

## PROCEDURES – INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

- The ARS counselor will inform the individual of the **options for developing the IPE** on Form (RS600-A):

### **Options:**

- The ARS counselor and the individual or, if appropriate, the individual's representative can develop the IPE in collaboration.
  - The individual can get technical assistance for developing the IPE from a source outside ARS.
  - The individual can write the IPE independently and ARS will provide the forms and, if requested, assistance in completing the forms.
  - Or a combination of the above.
- The ARS counselor will inform the individual of the **required components of the IPE if the individual chooses to develop the IPE:**  
The components that the IPE must contain:
    - A specific employment outcome consistent with informed choice,
    - criteria for evaluation of progress toward employment outcome,
    - specific rehabilitation services,
    - projected timelines for initiation and duration of services,
    - schedule for periodic reviews and evaluations
    - entity to provide services and methods for procurement,
    - responsibilities of the individual,
    - need for post-employment services, and
    - need for supported employment services.  
34 C.F.R. § 361.45 and 34 C.F.R. § 361.46
- The ARS counselor will inform the individual that the IPE must be completed on ARS form RS600-A, and that the forms and assistance in completing the forms are available upon request.
  - Complete RS600-A (See Forms Appendix E)
  - Key ARIMIS data for Status 12 (see ARIMIS Manual)
  - The counselor will document in the case notes the counseling provided at IPE development. (See Forms Appendix E)
  - ARIMIS will only allow 90 days in Status 12. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, or 30. The District Manager will email the request to the Chief of Field Services.)

## **INFORMED CHOICE – IPE DEVELOPMENT**

ARS will assure that eligible individual or their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the development of an Individualized Plan for Employment (IPE). Eligible individuals will be given information, or assistance in acquiring the information, to make an informed choice with respect to the selection of the employment outcome, specific vocational rehabilitation services needed to achieve the employment outcome, the vendors that can provide the services, employment setting and the settings in which the services will be provided, and the methods available for procuring the services. Counselor judgement and experience must be used to provide the appropriate information or assistance in acquiring the information to enable the individual to make a reasonable decision regarding the development of the IPE and program of services. A reasonable decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the individual and that must lead to an employment outcome.

To ensure that the availability and scope of informed choice is consistent, the information must include, at a **minimum**, information relating to the following:

- 1) Cost, accessibility, and duration of potential services.
- 2) To the extent available, consumer satisfaction with those services.
- 3) Qualifications of potential service providers.
- 4) Types of services offered by the potential providers.
- 5) The degree to which services are provided in integrated settings.
- 6) To the extent available, outcomes achieved by individuals working with service providers. 34 C.F.R. § 361.52

## **PROCEDURES – INFORMED CHOICE – IPE DEVELOPMENT**

- The counselor will maintain a regional and statewide list of vendors that provide services that lead to an employment outcome.
- To the extent available, the counselor will provide, or assist the individual in acquiring, consumer satisfaction surveys and reports regarding the service providers.

- The counselor will provide, or assist the individual in acquiring, accreditation, certification, or other information relating to the qualifications of the providers.
- When appropriate, the counselor will make referrals to other consumers, local consumer groups, or disability advisory councils qualified to discuss the services or service providers.
- The counselor will document in the case notes the specific action taken in the above procedures using the **Informed Choice heading** to assure that informed choice was provided.

**V. ECONOMIC NEEDS/COMPARABLE BENEFITS**

Page

Normal Living Requirement..... V-1

## V. ECONOMIC NEEDS/COMPARABLE BENEFITS

**An individual's economic need is not used to determine eligibility for VR services. An economic needs assessment is used only to determine if the individual can pay any costs of VR services and if so, how much.** In all cases, no economic needs evaluation will be applied as a condition for furnishing the following VR services:

- 1) assessment of rehabilitation needs, including rehabilitation technology, except for those services other than of a diagnostic nature which are provided under extended evaluation;
- 2) counseling, guidance, and referral services, and
- 3) placement.

In determining an individual's financial resources, the counselor will identify all resources available to the individual and spouse. If the individual is a dependent, the resources of the parents will be determined.

**EXCEPTION: SSDI and SSI recipients are exempt from financial need; however, the financial resources form should be completed to assess comparable benefits and gather information for federal reporting.**

Provision of services conditioned on financial need entails:

- 1) Determination of the individual's financial ability or inability to obtain services, either through individual or other resources;
- 2) Determination of the extent ARS will provide these services to the individual lacking sufficient resources.

A need standard in the form of a Normal Living Requirement (NLR) has been established for different family groups and single individuals living alone. The NLR includes amounts for food, shelter, clothing, household maintenance, routine medical care, personal care, recreation, insurance, and personal taxes.

### NORMAL LIVING REQUIREMENT

<u>Number of Persons</u>	<u>Monthly Amount</u>
1	\$2,400
2	\$2,800
3	\$3,200
(\$400.00 for each additional family member)	

Exclusions include cash and/or liquid assets up to \$4,000 for persons without dependents and \$6,000 for persons with dependents. Exceptions are lump sum or one-time expenditures for rehabilitation services not exceeding \$1,000.

Ascertaining an individual's financial resources is an important step in determining ability or inability to pay for rehabilitation services. A resource is considered available only if it is at the individual's disposal when needed. Careful study of the individual's resources is necessary to determine availability.

The provision of certain services to the individual is dependent upon financial need, but the counselor should use discretion upon applying financial need. Stripping the individual of all resources may impair the individual's rehabilitation.

The comparable benefits provision provides VR agencies with an organized method for assessing an individual's eligibility for benefits under other programs. **Any benefit available to individuals under any other program to meet, in whole or in part, the cost of any VR service will be utilized.** This benefit will be considered only to the extent that it is available and timely.

A "**comparable benefit**" is not the same as "**determination of economic need.**" In determination of economic need, the objective is to set the conditions for equitably determining the amount, if any, an individual is expected to participate in the cost of the rehabilitation. In the area of comparable benefits, the objective is to give full consideration to alternative funding sources prior to spending VR funds to purchase consumer services.

**If the individual refuses to apply for services for which the individual may be eligible or if the individual refuses to accept services from another Agency as a comparable benefit when receipt of such services do not interfere with achieving the rehabilitation objective, ARS cannot provide the services using VR funds.**

**Federal VR funds cannot be used to pay training costs in institutions of higher education unless every effort has been made to secure financial assistance, in whole or in part, from other funding sources. In all training cases, the record of services must include evidence that applications were made and the individual will or will not receive assistance.**

Evidence of approval of receipt of financial assistance may be documented through a financial aid award letter. Provided to each student receiving financial assistance, the letter originates at the training institution and lists the type/amount received by semester (quarter). Federal law requires students to accept/reject awards by signing on this letter.

Repayable loans should not be considered as a comparable benefit or resource.

**Note: Comparable benefits do not include awards and scholarships based on merit.**

### **PROCEDURES – UTILIZING FINANCIAL NEED**

- Exempt SSDI/SSI recipients from financial need assessment/requirements.
- The individual must apply for comparable benefits and documentation of benefits must be placed in the case file, i.e., award letter/Pell Grant.
- The financial resources form (RS-16) must be completed by the time the IPE is developed.
- The counselor identifies available resources and may request income tax returns or wage and earnings statement.
- Any available benefits will be utilized and must be considered in the provision of services.
- Financial need should be re-assessed at Annual Review or at any time the individual's financial situation changes.

## VI. SERVICES

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## **VI. SERVICES**

Arkansas Rehabilitation Services highest priority is to provide individualized services to eligible individuals so they can work in full-time competitive employment.

Services will be provided in compliance with Title VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race color or national origin.

As appropriate to the vocational rehabilitation needs of each individual and consistent with each individual's informed choice, the following vocational rehabilitation services are available:

- 1) Assessment for determining eligibility and priority for services;
- 2) Assessment for determining vocational rehabilitation needs;
- 3) Vocational Rehabilitation counseling and guidance, including personal adjustment counseling, to maintain a counseling relationship throughout the program of services for an individual with a disability; and the referral necessary to help the individual with a disability secure needed services from other agencies when such services are not available and to advise those individuals about Client Assistance Programs;
- 4) Physical and mental restoration services necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive;
- 5) Vocational and other training services, including personal and vocational adjustment, books, tools, and other training materials, provided that no training or training services in institutions of higher education (universities, colleges, community/junior colleges, vocational schools, technical institutes, or hospital schools of nursing), may not be paid for with funds under this part unless maximum efforts have been made to secure grant assistance in whole or in part from other sources;
- 6) Maintenance, not to exceed the estimated cost of subsistence, provided in connection with VR services at any time from the date of initiation of services through the provision of post-employment services. Maintenance covers that individual's basic living expenses, such as food, shelter, clothing, and other subsistence expenses that are necessary to support and derive the full benefit of other VR services being provided;
- 7) Transportation, including cost of travel and subsistence during travel (or per diem payments in lieu of subsistence) in connection with transporting individuals with disabilities and their attendants/escorts for the purpose of deriving the full benefit of other VR services being provided. Transportation may include relocation and moving expenses necessary for achieving a VR objective;

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- 8) Services to a client's family when necessary to the adjustment or rehabilitation of the client.
- 9) Interpreter services and note-taking services for the deaf, including tactile interpreting for deaf-blind individuals;
- 10) Reader services, rehabilitation teaching services, note-taking services and orientation and mobility services;
- 11) Recruitment and training services to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement and other appropriate public service employment;
- 12) Job search, placement assistance and job retention services;
- 13) Supported employment;
- 14) Personal assistance services;
- 15) Post-employment services necessary to maintain employment;
- 16) Occupational licenses (including any license, permit or other written authority) required by a State, city or other governmental unit to be obtained in order to enter an occupation or a small business, tools, equipment, initial stocks and supplies;
- 17) Rehabilitation technology services including vehicular modification, telecommunication, sensory, and other assistive technological aids, devices and services;
- 18) Transition Services in accordance with the definition of the term;
- 19) Technical assistance and other consultation services to individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome; and,
- 20) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome. 34 C.F.R. § 361.48

## **PROVISION AND AUTHORIZATION OF SERVICES**

Written authorization must be made, simultaneously with, or prior to, the provision of the service or goods. **A verbal authorization may be given in an emergency followed immediately by a written authorization.** The written authorization must contain the date of the verbal authorization. An IPE must be written before any services or goods, other than diagnostic or to support diagnostic assessment, can be provided. It is the counselor's responsibility to document case progress throughout provision of services.

**NOTE: A benefit will be considered only to the extent that it is available and timely to meet the cost of the particular VR services.**

**Note: The counselor will not approve payment requests until the service has been provided.**

## **PROCEDURES – PROVISION AND AUTHORIZATION OF SERVICES**

- **Before an authorization is issued the counselor must consider the following issues:**
  - Is this service allowable under ARS Policy?
  - What, if any, limitation exists to providing this service?
  - Are there any comparable benefits available to provide the service?
  - What other required references need to be accessed (i.e., fee schedule, vendor list)?
  - Does the counselor have sufficient funds in the allotment to procure/provide the service and if not, whom does the counselor contact?
  - What documentation is needed to procure/provide the service? (i.e., LMC, prior approval, case notes.)
  - How is the paperwork routed?
  - Determine if the vendor is on the ARIMIS Vendor List. Complete W-9 if needed.
  - Create the authorization in the ARIMIS system. (See ARIMIS Manual)
  - The original authorization goes to the vendor, a copy is placed in the case file, and the individual may be provided a copy.

## **VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE**

The counselor will write a program for a "vocational rehabilitation counseling, guidance, placement, and follow-up" case. The program will outline in the criteria for evaluation of progress toward the employment outcome the counseling process and anticipated results. Documentation of counseling progress will be placed in the record of services. Vocational rehabilitation counseling and guidance services must be provided and documented in all VR cases closed rehabilitated.

## **PROCEDURE – VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE**

- The counselor will document in the case notes the specific progress the individual is making toward the employment outcome.
- The individual's progress will be reviewed every 90 days.
- ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manger will email the request to the Chief of Field Services.)
- Counseling and guidance must be documented in each successful closure.

## **JOB FINDING/REFERRAL**

A job-finding service is provided when enough information has been given to permit the individual to arrange for a job interview with an employer. A job-finding service is also rendered when ARS directly refers or arranges for the direct referral of the individual to a prospective employer.

### **PROCEDURES – JOB FINDING/REFERRAL**

- The individual may be referred to ARIB in Status 12. The employment coordinator can assist the counselor at this stage in the vocational planning process but significant involvement of the coordinator may not occur until the individual is ready for employment.
- The counselor and employment coordinator will assist the individual, singly or in groups, in developing job- seeking skills which would include instructions on how to read the want ads, prepare job resumes, write cover letters and prepare for job interviews.
- The counselor may refer the individual for services from other resources providing job-seeking skills, if appropriate.
- The counselor will document in the case notes the specific progress the individual is making toward the employment outcome.

## **PLACEMENT SERVICES**

Placement services are organized and identifiable attempts to establish or improve the linkage of an individual and a work situation. While employment placement is the VR program goal and usually occurs toward the end of the rehabilitation process, employment planning should be an ongoing process throughout the case services program. **Placement is provided when the individual is referred to and is hired by an employer.** The State VR Agency, Arkansas Rehabilitation Industry and Business, the State employment service, One-Stop Arkansas Workforce Centers, or any other job-finding source may provide this service. A key feature of this service is that the individual became competitively employed as a result of the job referral.

### **PROCEDURES – PLACEMENT SERVICES**

- The counselor will assist the individual with employment planning throughout the rehabilitation program.
- The counselor and the employment coordinator will document in the case notes the specific progress the individual is making toward the employment outcome.
- Refer to ARIB in Status 12. The ARIB staff should assist the counselor in the vocational planning process.

## **FOLLOW-UP**

The counselor will provide follow-up services to each individual placed in employment to determine if all planned for services have been provided and the VR objective achieved. Follow-up services will include contacts and reports from the individual, employer, and others that provide reports to help the counselor determine if the employment situation is suitable to the individual's needs. The individual must be provided follow up services within a minimum of 90 days and the counselor will have assurance other ARS criteria have been met prior to case closure.

## **PROCEDURES – FOLLOW-UP**

- The counselor or the rehabilitation assistant will maintain contact with the individual and employer to determine if the employment is suitable for the individual.
- The counselor or the rehabilitation assistant will provide supportive services as necessary for maintaining employment.
- The counselor or the rehabilitation assistant will document in the case notes the specific progress the individual is making toward the employment outcome.

## **ASSESSMENT SERVICES**

**Case Service Code for Status 02 - 1110**

**Case Service Code for Status 04 - 1310**

**Case Service Code for Status 06 - 1210**

**Case Service Code for Status 10-22 - 1310**

**Case Service Code for Status 32 - 1410**

Assessment services are those services required to determine an applicant's eligibility for rehabilitation services, priority for services, and to determine the services needed to achieve an employment outcome.

Medical diagnostic services may include:

- 1) medical and surgical examinations;
- 2) dental examinations;
- 3) consultations with and examinations by specialists in all medical specialty fields;
- 4) inpatient hospitalization for study or exploration, not to exceed three days or five days with local medical consultant recommendation;
- 5) clinical laboratory, tests;
- 6) diagnostic x-ray procedures;

- 7) trial treatment for differential diagnosis, stabilization of drug therapy, or determination of feasibility in the case of emotional disturbance;
- 8) maintenance; and
- 9) other medically recognized diagnostic services.

Vocational diagnostic or assessment services may include:

- 1) Referral to a Community Rehabilitation Facility for assessment.
- 2) Referral to the Hot Springs Rehabilitation Center for assessment.

The above listed services may be provided an individual at any time, but normally will be completed during the case investigation process. They may be provided by ARS personnel, obtained elsewhere at no cost to ARS, or purchased by ARS.

## **RESTORATION (PHYSICAL/MENTAL) SERVICES**

Restoration services mean those medical and medically related services that are necessary to correct or substantially modify within a reasonable period of time, a stable or slowly progressive physical or mental condition. These include surgery, therapy, treatment, and hospitalization.

Prosthetic appliances/devices provided to improve or maintain an individual's ability to work are coded as Rehabilitation Technology Devices.

If an individual has a physical or mental disability with resulting limitations constituting an impediment to employment which, in the opinion of competent medical personnel, can be removed by restoration services without injury to the individual, the individual is not eligible for any ARS services except counseling, guidance and placement if the individual refuses to accept the appropriate restoration services.

## **PHYSICAL RESTORATION SERVICES PURCHASED IN-STATE**

ARS will pay for all physical restoration services that are properly authorized. Payment will be made according to the vendors' stated fee, up to but not to exceed, the maximum amount determined by the established ARS Fee Schedules. The fee paid by ARS must be accepted as payment in full by the vendor. The fee paid to physicians for surgical treatment includes 15 days routine post-operative care.

## **PROCEDURES- PHYSICAL/MENTAL RESTORATION SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file

- Medical Consultant review is required. (Form RS3-g) (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Select appropriate ARS Procedure code.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When billing statement is received, along with a medical report, key payment in ARIMIS system. (See ARIMIS Manual.)

**NOTE: The vendor must agree to accept ARS fees for services.**

### **PHYSICAL RESORTATION SERVICES PURCHASED OUT-OF-STATE**

If ARS purchases physical restoration services out-of-state (in this instance Texarkana, TX is considered in the State), the rate paid will not exceed fees paid by the local rehabilitation Agency. ARS will use physicians and facilities that are used by the local state Agency. If fee information is not available, the counselor will contact the nearest out-of-state VR office to determine fees paid for needed services.

### **PROCEDURES - PHYSICAL/MENTAL SERVICES – OUT-OF-STATE**

- Documentation of the action to be taken will be made in the case notes.
- Medical reports and recommendation will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Key ARIMIS data for Status 16 if needed. ((See ARIMIS Manual.)
- Select appropriate ARS Procedure code.
- Key authorization in ARIMIS. (See ARIMIS Manual.)
- When billing statement is received, along with a medical report, key payment in ARIMIS system.
- The medical report will be placed in the case file.

### **MEDICAL CONSULTANT**

In all cases involving medical and surgical treatment, hospitalization, drugs (except for acute medical care), and all medically directed therapies, a written consultation must be obtained from the Medical Consultant.

## **PROCEDURES – MEDICAL CONSULTANT**

- The medical consultant will review medical/psychiatric reports and make recommendations.
- The medical consultant will complete the Medical Consultant form RS3-g.
- The form will be placed in the case file.

## **MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENT**

**Case Service Code for Status 06 – 1221**

**Case Service Code for Status 16 –22 - 1321**

**Case Service Code for Status 32 - 1421**

**Medical Treatment:** After the initial diagnostic medical evaluation, payments may be made to a physician (general practitioner or specialist), clinic, dispensary, or hospital for services provided to the individual. Examples include drugs, biological, or other medical supplies incidental to treatment.

**Psychiatric Treatment:** After the initial psychiatric diagnostic evaluation, payments may be made to a specialist in neuropsychiatry, a psychiatric clinic or hospital for psychiatric treatment.

**Surgical Treatment:** Payments may be made for surgical operations and fees for pre-operative care. Payments will be made according to the established ARS Fee Schedule.

**Anesthesia:** Payments may be made to anesthesiologists and anesthesiologists not included in hospitalization.

**University of Arkansas Medical Sciences:** Payments for professional services including surgical treatment, anesthesia, pathology, and others provided at the UAMS are to be authorized to the "Medical College Physicians Group."

**Physical and Occupational Therapy:** ARS will pay for PT/OT services when prescribed and provided by competent medical personnel and when necessary to a VR program. If the expected duration of treatment is more than 30 days, then equivalent services at HSRC should be considered.

**Podiatrist or Chiropractor:** ARS will pay for the services of a Podiatrist or Chiropractor only with Medical Consultant approval.

**Dental:** ARS may purchase dental services including oral surgery when necessary for an individual to participate in or complete a VR program. Available services do not include routine preventive dental care. Services will be purchased consistent with the ARS fee schedule.

**EXCEPTION:** Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement "Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". Authorization will be based on the ARS Fee Schedule.

## **COCHLEAR IMPLANTS**

Requirements:

- Complete psychological exam to determine emotional and mental stability of the individual.
- Document evidence from the individual or employer that the procedure would remove any significant vocational impediment.
- Document counseling with medical personnel and a peer in regard to after effects and adjustment to the procedure.
- Document post-operative aural rehabilitation plan.
- Refer required documentation to District Manager, Chief of Field Services and Chief of Staff for approval.

## **DIRECTED THERAPY FOR WEIGHT LOSS**

ARS may provide services for structured weight loss programs such as Weight Watchers, TOPS, etc or other medical directed programs. The counselor should make every effort to seek out programs in the community that provide supportive/mental health counseling and address significant lifestyle changes including diet, exercise and behavior modification. **The counselor will consult with the District Manager for approval of the treatment program and negotiated costs.**

## **PROCEDURES – DIRECTED THERAPY FOR WEIGHT LOSS**

- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E).
- Counselor will negotiate reasonable fees with the vendor.
- The counselor will secure the approval of the District Manager.

**VI-9**

- Refer to ARS Vendor List or secure W-9 from new vendor.

**Effective Date 10-10-02**

- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16, if appropriate. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)
- UAMS requires special payment. (See VI. Services Index for UAMS)

## **GASTRIC RESTRICTIVE OR BYPASS SURGERY AS TREATMENT FOR MORBID OBESITY**

Individuals requesting assistance from ARS for gastric restrictive or bypass surgery as a method of treatment for morbid obesity are to be informed the procedure is a major operation with the potential of both short-and long-term complications.

Any decision to use surgery as a treatment for morbid obesity requires assessing the risk-benefit by an experienced physician(s). Candidates for the procedure should be judged as having a low probability of success using non-surgical measures as demonstrated by failure in an established weight control program(s). Such programs might include in various combinations behavior modification, exercise, low- or very low-calorie diets, and drug therapy.

A diagnosis of morbid obesity alone does not indicate an individual is an appropriate candidate for this procedure. High-risk conditions such as significant diabetes mellitus, obstructive sleep apnea, obesity-related cardiomyopathy and joint disease would increase the likelihood an individual would be an appropriate candidate for gastric restrictive or bypass surgery.

Individuals with a diagnosis of morbid obesity may be eligible for restoration services if all the following criteria are met:

- 1) Have a Body Mass Index (BMI) of at least 35 (BMI is an individual's weight in kilograms divided by his/her height in meters squared),
- 2) Have an associated high-risk co-morbid condition(s);
- 3) Have documentation the morbid obesity has been present for a minimum of 5 years;
- 4) Have documentation from a treating physician of failure by the individual in a structured weight loss program while under that physician's care for a minimum of 1 year; and
- 5) Counselor's impression that the individual is well motivated and understands the risks associated with the surgical procedure and the restricted eating habits which will follow.

- 6) If the individual has demonstrated success in a structured weight loss program in the past, the Counselor will be required to assess the appropriateness of the gastric restrictive or bypass procedure. Re-enrollment in a structured weight loss program should be explored.

## **PROCEDURES – GASTRIC BYPASS SURGERY**

- Obtain a general medical assessment or current medical information that documents the individual's diagnosis of morbid obesity and any other high-risk co-morbid conditions.
- Obtain a Mental Health Assessment that indicates the individual does not have a mental health condition that might preclude this restoration service.
- Obtain documentation from a treating physician of the individual's failure in a structured weight loss program for at least 1 year and the presence of morbid obesity for at least 5 years.
- Documentation of co-morbid conditions by an appropriate physician with a statement of recommendation for weight loss surgery.
- Obtain medical reports that document the need for referral to a surgeon for an assessment to determine the appropriateness of gastric restrictive or bypass surgery.
- Obtain an examination from a surgeon proficient in gastric restrictive and bypass procedures that documents the individual is an appropriate candidate for this procedure.
- Assess the individual regarding motivation for the procedure and understanding of the associated risks.
- The Counselor will submit received reports and documentation for review and approval by the Medical Consultant.
- The Counselor will submit a memorandum to the District Manger with the reports and all required documentation requesting approval for the procedure. As a part of the memorandum the counselor will provide the District Manager the counseling issues to be addressed during the restoration and recovery process.
- If the District Manager agrees that all the required documentation is present and the individual meets ARS eligibility and Order of Selection requirements, the individual is an appropriate candidate for the procedure, and agrees with the identified counseling issues, the District Manger will provide the Counselor a memorandum of approval.
- If the District Manager does not agree the individual meets eligibility and Order of Selection criteria, is not an appropriate candidate for the requested gastric restrictive or bypass procedure, or is of the opinion that the identified counseling issues are inadequate or inappropriate, a memorandum of denial will be sent to the counselor notifying the counselor of the decision.

- If the District Manager is uncertain after reviewing **all required documentation** as to the appropriateness of the request, information provided by the counselor and a memorandum requesting review should be forwarded to the Chief of Field Services.
- The Chief of Field Services may request a formal review by the Medical Review Team.
- The Chief of Field Services will either approve or deny the request and document the decision by email to the District Manager within ten working days.
- Upon approval, the Counselor will proceed as with any other physical restoration case.
- During the recovery process the Counselor will be required to document a minimum of 3 counseling sessions prior to case closure.
- It is recommended that the case be placed in post-employment status so that necessary counseling and follow-up can take place to ensure optimum benefits from the procedure.

**NOTE: If the referred case has serious medical problems that pose serious consequences due to delay of case processing, an administrative exception may be requested.**

## **PROCEDURES – MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENTS**

- Documentation of the action to be taken will be made in the case notes.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)
- UAMS requires special payment. (See VI. Services Index for UAMS)

## **SURGICAL AND HOSPITAL INSURANCE**

Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement

"Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". Authorization will be based on the ARS Fee Schedule.

**NOTE: SEE FEE SCHEDULE ON THE K DRIVE**

**CONSULTATION**

For diagnostic purposes, the attending physician may consult with another specialist. The counselor must have a recommendation for consultation and prior authorization is required.

**POST-OPERATIVE REPORTS**

It is the counselor's responsibility to obtain a post-operative report or narrative letter prior to processing the final payment.

**MINOR SURGERY BY GENERAL PRACTITIONERS**

ARS may pay general practicing physicians for minor surgery, such as the opening of a superficial abscess or removal of a superficial tumor or cyst.

**MEDICATION**

**Case Service Code for Status 02 - 1110**

**Case Service Code for Status 06 - 1221**

**Case Service Code for Status 16-22 – 1321**

**Case Service Code for Status 32 – 1421**

Medication during assessment will be limited to not more than 60 days.

Medication can be provided throughout the active VR program and 30 days following placement.

The counselor must document the ongoing medication need either through the MC or the individual's personal care physician. The counselor must actively negotiate for the most economical medication prices.

**PROCEDURES – MEDICATION**

- Documentation of the action to be taken will be made in the case notes.
- Medical reports and recommendations including prescription will be obtained from the attending physician and the reports placed in the case file.

**VI-13**

- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)

## **SPEECH AND HEARING THERAPEUTIC SERVICES**

**Case Service Code for Status 06 - 1221**

**Case Service Code for Status 16-22 – 1321**

**Case Service Code for Status 32 - 1421**

Individuals with organic or inorganic speech and hearing disorders may be scheduled for evaluation and therapy by an approved therapist. The counselor will furnish the therapist with information needed to provide services.

### **PROCEDURES – SPEECH AND HEARING THERAPEUTIC SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)

## **HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES**

**Case Service Code for Status 06 – 1222**

**Case Service Code for Status 16-22 – 1322**

**Case Service Code for Status 32 - 1422**

ARS will pay for inpatient or outpatient hospitalization, including blood, in Arkansas hospitals according to current Medicaid fees.

ARS will pay for the day an individual enters the hospital, but not the day on which the individual is discharged.

## **PROCEDURE - HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)

## **CONVALESCENT OR NURSING HOME CARE**

**Case Service Code for Status 06 – 1222**

**Case Service Code for Status 16-22 – 1322**

**Case Service Code for Status 32 – 1422**

If care in a convalescent or nursing home is medically recommended after a period of hospitalization, the arrangements will be noted in the IPE. There will be a re-evaluation of rehabilitation potential within 30 days.

## **PROCEDURES – CONVALESCENT OR NURSING HOME CARE**

- A recommendation from the attending physician must be secured before authorizing for convalescent or nursing home care.
- Documentation of the action to be taken will be made in the case notes.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)

## **HOSPITALIZATION THROUGH COOPERATING AGENCIES**

ARS will use hospitalization available through cooperating agencies when feasible. It is the counselor's responsibility to determine if these services are available through the cooperating agencies before obligating ARS for these services.

## **RADIOLOGY/ PATHOLOGY**

**Case Service Code for Status 06 - 1221**

**Case Service Code for Status 16-22 – 1321**

**Case Service Code for Status 32 - 1421**

ARS may pay for radiology/pathology services according to the ARS Fee Schedule.

## **PROCEDURE – RADIOLOGY/PATHOLOGY**

- Documentation of the action to be taken will be made in the case notes.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)

**NOTE: If radiology and pathology are provided in conjunction with surgery, the medical consultant review is not necessary for these services since the consultant has already reviewed the recommendation for surgery.**

## **SPECIAL NURSES**

**Case Service Code for Status 06 - 1223**

**Case Service Code for Status 16-22 – 1323**

**Case Service Code for Status 32 - 1423**

ARS may provide nursing service by a registered nurse only if ordered by the attending physician. Practical nurses will be used only when a registered nurse cannot be obtained or if, in the opinion of the attending physician, the services of a registered nurse are not required. ARS may pay the standard rate for this service in the community.

## **PROCEDURES – SPECIAL NURSES**

- Documentation of the action to be taken will be made in the case notes.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 16 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)

## **CHILDREN'S MEDICAL SERVICES**

Any individual who may be eligible for Children's Medical Services and who might need physical restoration will be referred to CMS to determine eligibility. If the individual is eligible for services through CMS, ARS will not provide the services.

## **TRAINING**

Training services are those services needed to prepare an eligible individual for work. These services are individualized and are jointly developed by the individual and counselor through the process of informed choice.

Vocational training includes the following broad categories:

- 1) On-the-job Training
- 2) Short-term Specialized Training
- 3) Vocational/Technical
- 4) Community College
- 5) College/University

**It is the policy of ARS to provide “individual-appropriate” training services needed to achieve employment. Individual-appropriate services reflect the unique strengths, priorities, concerns, abilities, capabilities, and career interests of each eligible individual. These individual-appropriate services may be based upon a review, to the extent needed, of the following:**

- 1) An analysis of pertinent medical, psychiatric, psychological, neuro-psychological, and other pertinent vocational, education, cultural, social, recreational, and

- 2) environmental factors, and related functional limitations, that affect the employment and rehabilitation needs of the individual;
- 3) An analysis of the individual's personality, career interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities;
- 4) An appraisal of the individual's patterns of work behavior and services needed to acquire occupational skills and to develop work attitudes, work habits, work tolerance, and social and behavior patterns suitable for successful job performance; and
- 5) An assessment, through provision of rehabilitation technology services, of the individual's capacities to perform in a work environment, including in an integrated setting, to the maximum extent feasible and consistent with the individual's informed choice.

It is the policy of ARS to consider a graduation of services based upon the above information. The counselor should consider:

- 1) Is immediate job placement feasible?
- 2) Can OJT be utilized to achieve timely employment?
- 3) Is vocational-technical training appropriate?
- 4) If options 1 through 3 are not appropriate or feasible, training should be considered at the community college level.
- 5) **Direct high school to college/university should be subject to close examination. All documentation for individual-appropriate services must be positive and strongly suggestive of training success.**

ARS recognizes that the transition from high school to post-secondary training is a crucial time and is a period of change and stress. Training options beyond the vocational-technical level must have documentation based on the assessment of rehabilitation needs that the individual can be successful in the selected training area.

**An individual is eligible for training:**

1. if the individual meets basic eligibility requirements;
2. if the individual is mentally, physically, and temperamentally capable of completing the training and performing the resulting job;
3. **if the individual has no skill which, within the limitations of the disability, can be used for satisfactory employment;**
4. if there is every indication employment can be found in the trade or occupation for which the individual is to be trained; and
5. **after every effort has been made to utilize comparable benefits and other resources.**

## **FINANCIAL AID**

The counselor will provide general information regarding various alternative-financing sources, however, the individual is responsible for securing financial aid. **Documentation must be presented to the counselor prior to the first day of training. This documentation can include: college award letter, Pell grant response letter, on-line Pell printouts or copies of Pell grant application forms.**

The individual will indicate choice of school and course of study in accordance with informed choice by signing the IPE.

**NOTE: ARS will not be bound to any agreement or contract the individual entered into prior to signing the IPE.**

ARS may authorize up to a baseline of \$4,500.00 per twelve month period beginning with initiation date of the IPE for tuition, required textbooks, academic fees, maintenance, and transportation. (Exception: Medical, dental, veterinary schools and those individuals with special needs may be funded at a higher level.)

## **COLLEGES AND UNIVERSITIES**

**Case Service Code – Tuition – for Status 06 – 1231**

**Case Service Code – Tuition – for Status 18-22 – Code 1331**

**Case Service Code – Tuition – for Status 32 - 1431**

ARS will assist individuals in pursuing two and four year college and university training programs in only those colleges and universities accredited by the appropriate accrediting Agency and whose courses will be given full recognition by other accredited colleges and universities. It is the counselor's duty to determine if the selected institution is approved by the State Department of Education or by another qualified accrediting Agency of the state in which it is located.

Preference will be given to institutions in Arkansas. If training is not available within the State, or if there are other circumstances, which the counselor feels justifies out-of-state training, such training will be permitted.

If training is available within the State and the client attends an out-of-state institution, the maximum amount payable will be the same as that paid if the individual would be attending an institution within the State as a full-time student. The cost of tuition, fees, textbooks, maintenance and transportation will not exceed the institution's established education costs.

The cost of private school training will not exceed the cost of State-supported institutions. For training at a private Arkansas institution, ARS may supplement the individual's resources and pay up to, but not more than, training fees at State-supported institutions for a full-time student. If training is not available within the State, ARS may pay the fees charged by the particular out-of-state university or college for a full-time student.

**Any training expense beyond \$4500 must be justified with clear and convincing evidence of need and submitted to the District Manager for approval.**

### **ADVANCED DEGREE**

It is ARS policy to assist individuals in obtaining an advanced degree only when this degree is a minimum requirement for the vocational objective. This does not mean that a client whose vocational objective is teaching may change the objective to superintendent or principal in order to receive further ARS financial assistance.

ARS may assist clients beyond the Bachelor level in occupations that require advanced training for entry level, such as medicine, dentistry, law, etc.

### **FULL-TIME STUDENT**

A full-time student receiving financial support from ARS is one who completes 12 semester hours or 6 semester hours for a summer term at the college level.

Exceptions to the full-time training requirement must be carefully analyzed to determine if the goal of full-time work can be achieved within a reasonable time. The counselor should provide counseling toward a more feasible training option if full-time student status could not be achieved. The purpose of college training is to prepare clients to work full-time in competitive employment.

### **REMEDIAL COURSES**

ARS will only pay for a total of 6 semester hours of remedial work. These remedial hours must be completed during the first academic year. The following statement will be placed on authorizations for college tuition "ARS will only pay for 6 hours of remedial work."

## **SATISFACTORY PERFORMANCE – COLLEGE AND UNIVERSITIES**

If an individual fails to earn a GPA of 2.0 in the **current semester** sponsored by ARS, no additional VR funds can be authorized for that training. If the individual attends without ARS support and achieves a GPA of 2.0, then ARS may provide support for additional college training. Any exception to this policy requires the District Manager's approval.

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

## **GRADES – COLLEGES AND UNIVERSITIES**

The counselor is responsible for obtaining grades. This responsibility should be delegated to the individual. Grades (GPA) will be used as the measure of satisfactory progress and must be provided to the counselor in a timely manner in order to approve the next semester. Responsibilities of College Students Form must be signed by the individual and counselor and placed in the individual's record of services prior to the initial semester and each following fall semester.

Accredited universities/colleges are beginning to offer classes via Internet and other distance education options. These classes can provide college training to individuals with most significant disabilities whose accessibility or environmental needs made traditional campus-based training difficult.

This type of training, however, may be impractical for students who require the reinforcement and motivation of time-scheduled classes and social participation. Because of the many non-accredited correspondence courses offered by businesses or companies, the counselor should evaluate this option carefully.

## **COLLEGE COUNSELOR**

At each university and college within the State, ARS has designated a counselor who is called a "college counselor". The college counselor primarily serves as a liaison between the college and ARS. Prior to July 1<sup>st</sup> of each school year, the college counselor is responsible for securing the current tuition, fees, basic costs of education at the institution and starting dates. The counselor is responsible for entering this information on the K Drive in College and Universities Folder. The original Authorization/Billing form will be sent directly to the college.

## **PROCEDURE – COLLEGE AND UNIVERSITY TRAINING**

- Documentation of the action to be taken will be made in the case notes.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Pell grant response letter, on-line Pell printouts or copies of Pell grant application forms.
- Complete Annual Review, if appropriate, and document any amendments to the IPE by completing the Amendment (RS600-C)
- Update the Financial Resources Form (RS16) at Annual Review, if appropriate.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to the K Drive for the College and University folder for fees.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary.

## **COLLEGE TEXTBOOKS**

**Case Service Code for Status 06 – 1230**

**Case Service Code for Status 18-22 –1330**

**Case Service Code for Status 32 - 1430**

ARS may purchase required textbooks for full-time students who are making satisfactory progress. Authorizations for textbooks must be submitted to the bookstore in a timely manner, usually prior to the beginning of classes. The request for payment from the bookstore must be accompanied by a list of books purchased, individual book price, and the individual's signature.

## **PROCEDURES – COLLEGE TEXTBOOKS**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor. Complete Annual Review, if appropriate, and document any amendments to the IPE by completing the Amendment (RS600-C)
- Update the Financial Need Form (RS16) at Annual Review, if appropriate.
- Key ARIMIS data for Status 18 if needed. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary

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## **BUSINESS/COMPUTER SCHOOLS OR COLLEGES**

**Case Service Code for Status 06 – 1233**

**Case Service Code for Status 18-22 –1333**

**Case Service Code for Status 32 - 1433**

ARS may purchase training for qualified clients in any business school or college capable of providing the training necessary for the client to attain the vocational objective. Any business school or college offering a degree, i.e., BA or BS in business or related fields, should be included under "College or University."

Satisfactory performance will be documented by a progress report indicating satisfactory progress in the training program.

## **PROCEDURES – BUSINESS SCHOOLS OR COLLEGES**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Complete Annual Review, if appropriate, and document any amendments to the IPE by completing the Amendment (RS600-C)
- Update the Financial Resource Form at Annual Review, if appropriate.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary.

## **VOCATIONAL SCHOOL**

**Case Service Code for Status 06 – 1234**

**Case Service Code for Status 18-22 –1334**

**Case Service Code for Status 32 - 1434**

ARS may purchase training for qualified individuals in any vocational, trade, or technical school capable of providing the training necessary for the individual to attain the vocational objective. If training is available within the State and the individual attends an out-of-state school, the maximum amount payable will be the same as that paid if the individual would be attending an institution within the State as a full-time student.

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

## PROCEDURES – VOCATIONAL SCHOOL

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Complete Annual Review, if appropriate, and document any amendments to the IPE by completing the Amendment (RS600-C)
- Update the Financial Resources Form at Annual Review, if appropriate.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary.

## ON-THE-JOB TRAINING

**Case Service Code for Status 06 – 1235**

**Case Service Code for Status 18-22 –1335**

**Case Service Code for Status 32 - 1435**

Vendors used for on-the-job training must be reputable, established firms that can supply the individual training in the selected job. The counselor must choose only those training sites that have:

- 1) proper equipment,
- 2) sufficient work to ensure adequate practice for the individual to reach proficiency,
- 3) the trainer must possess the knowledge, skill, and ability to train the individual,
- 4) daily training period long enough for the individual to acquire the necessary skills.

The counselor will consider:

- 1) the personality and skill of the trainer,
- 2) attitude toward rehabilitation and the individual,
- 3) past success in training individuals, and
- 4) willingness of the employer to hire the individual when trained.

Arkansas Rehabilitation Services will pay an OJT training fee to the vendor for providing instruction to the individual to help them reach a skilled proficiency level in the work area selected. **ARS does not pay the individual's salary or wages.** ARS pays a training fee to the vendor or employer for on-the-job training services.

The vendor must put the individual on the payroll and pay the same starting wage that is paid to other new employees. The individual must be offered the same benefits as other employees. The trainee has the same responsibilities as all other employees.

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Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

## **PROCEDURES – OJT**

- The counselor will negotiate with the vendor the training fee and the length of the OJT program. The fee and time period should be kept to a minimum.
- Documentation of the action to be taken will be made in the case notes.
  
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the OJT without proper progress reports.

## **ADJUSTMENT TRAINING**

**Case Service Code for Status 06 – 1236**

**Case Service Code for Status 18-22 –1336**

**Case Service Code for Status 32 - 1436**

This is training which will help the individual adjust to a particular situation hindering his/her ability to work. Included would be work conditioning, developing work tolerance, mobility training, remedial training, literacy training, lip reading, Braille, etc.

## **PROCEDURES – ADJUSTMENT TRAINING**

- Documentation of the action to be taken will be made in the case notes.
- Complete applicable vendor referral form.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the adjustment training without proper progress reports.

**NOTE: Training in the use of Rehabilitation Technology Devices would be coded Rehabilitation Technology Services.**

## MISCELLANEOUS TRAINING

**Case Service Code for Status 06 – 1237**

**Case Service Code for Status 18-22 –1337**

**Case Service Code for Status 32 - 1437**

This category includes academic training on secondary education level or lower, as well as, specialized academic schools for persons who are blind or deaf. It also includes training not listed in the above categories, such as correspondence study. Only a few individuals are able to satisfactorily pursue a correspondence study course; therefore, ARS personnel regard this method as impractical in most cases. There may be exceptions if justified by specific conditions.

The correspondence method may be used if:

- 1) training cannot be arranged by any other method;
- 2) the individual needs preliminary training, which may be obtained more practically and efficiently by correspondence, prior to entering another training method; or
- 3) satisfactory living arrangements cannot be made to secure training by any other method.

The following criteria will be used for those individuals considered for correspondence training:

- 1) an intense interest in the chosen work field,
- 2) sufficient intelligence indicated by standardized tests or past academic performance,
- 3) some previous knowledge of, or experience in, the chosen field,
- 4) adequate time to devote to course study, and
- 5) full-time must be 12 hours and maintain a GPA of 2.0 per semester.

For college correspondence training, fees will be determined by the number of "credit hours" and the institution's rate. The published fees of the selected college will be the maximum paid by ARS. Fees will be paid when the college submits a bill.

In paying for correspondence courses other than college, the total cost of the training will be divided by the number of lessons. **ARS payment will be made as lessons are completed.** Counselors are responsible for negotiating with correspondence study vendors to ensure agreement with this payment plan.

**If correspondence training is selected, the counselor must obtain the District Manger's approval.**

## **PROCEDURES – MISCELLANEOUS TRAINING**

- Documentation of the action to be taken will be made in the case notes.
- Complete Annual Review, if appropriate, and document any amendments to the IPE by completing the Amendment (RS600-C)
- Update the Financial Resources Form at Annual Review, if appropriate.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to K Drive for College and University Folder.
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- Refer to Out of State Policy limitations, if necessary.
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the training without proper progress reports.
- When the billing statement is received, key the payment into ARIMIS.

## **BOOKS AND TRAINING MATERIALS**

Books and training materials will be limited to required textbooks. ARS will not furnish office supplies such as paper, pencils, pens, glue and file folders.

## **TRANSPORTATION**

**Case Service Code for Status 02 – 1191**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 16-22 –1391**

**Case Service Code for Status 32 – 1491**

Transportation costs for VR services may be paid at the usual rates not to exceed the State allowed rate. Transportation costs can only be paid as an auxiliary service to **core VR services**. **Transportation is not a stand-alone service.**

If public transportation is not available or the individual, because of disability, cannot travel by public transportation, the counselor should make every effort to negotiate an estimated cost of gas only if it is the least expensive travel cost.

This does not apply to taxicab fares within a city, which will be paid at the prevailing rates when necessary and authorized.

## **TRANSPORTATION FOR PHYSICAL RESTORATION SERVICES**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 16-22 –1391**

**Case Service Code for Status 32 – 1491**

Transportation for physical restoration services may be paid. Transportation may be paid for checkup visits to a doctor or hospital only when the counselor has prior notice of the necessity of the visit and has authorized each trip.

### **PROCEDURES – TRANSPORTATION FOR PHYSICAL RESTORATION**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **TRANSPORTATION FOR TRAINING SERVICES INCLUDING COLLEGE**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 18-22 –1391**

**Case Service Code for Status 32 - 1491**

If the training location is where the individual cannot live at home, transportation costs may be paid for a direct, one-way trip at the beginning of the training session. At the session's conclusion, transportation from the training location to the job site may be paid. ARS may pay bus fare, or if justified by the individual's physical condition, may pay taxi fare to and from the boarding house and training site. Transportation may be paid if the individual lives at home and daily transportation is required.

### **PROCEDURES – TRANSPORTATION FOR TRAINING SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **TRANSPORTATION FOR PLACEMENT**

**Case Service Code for Status 20-22 –1391**

**Case Service Code for Status 32 - 1491**

Transportation may be paid for placement or self-employment when necessary for up to 30 days.

### **PROCEDURES – TRANSPORTATION FOR PLACEMENT**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **AMBULANCE**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 16-22 –1391**

**Case Service Code for Status 32 - 1491**

ARS will pay for ambulance service only when the attending physician or other health authorities certify the individual cannot safely travel by other public or private transportation or if ambulance service can be secured as cheaply as other transportation.

### **PROCEDURES – AMBULANCE TRANSPORTATION**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **TRANSPORTATION FOR DIAGNOSIS INCLUDING SUBSISTENCE WHILE IN TRANSIT**

**Case Service Code for Status 02 - 1110**

**Case Service Code for Status 06 – 1210**

**Case Service Code for Status 10-22 –1310**  
**Case Service Code for Status 32 – 1410**

Transportation and meals may be paid for transit when required for out of town diagnosis.

## **PROCEDURES – TRANSPORTATION FOR DIAGNOSIS**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **MAINTENANCE**

**Case Service Code for Status 06 – 1240**  
**Case Service Code for Status 16-22 –1340**  
**Case Service Code for Status 32 - 1440**

Maintenance includes payment to cover the individual's basic living expenses such as food, shelter, clothing, health maintenance, and other subsistence expenses essential to determine the individual's rehabilitation needs or to achieve the VR objective.

Maintenance may be provided at any time while in a Trial Work Experience or EE program or an IPE is in effect.

After job placement, maintenance will only be paid until the individual receives their first paycheck. If the individual is self-employed, maintenance is limited to 30 days.

Maintenance payments for training will be reimbursed at the end of a stated period (two weeks, four weeks, one month, or other). Authorization will be made in accordance with the IPE and may be paid to the client's boarding house, landlord, school, etc.

**Note: Maintenance and transportation for diagnostic services will be coded as diagnostic.**

## **MAINTENANCE FOR PHYSICAL RESTORATION SERVICES**

**Case Service Code for Status 06 – 1240**  
**Case Service Code for Status 16-22 –1340**  
**Case Service Code for Status 32 - 1440**

An individual receiving physical restoration services may be eligible for maintenance while away from home.

## **PROCEDURES – MAINTENANCE FOR PHYSICAL RESTORATION SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **MAINTENANCE FOR COLLEGE TRAINING**

**Case Service Code for Status 06 – 1240**

**Case Service Code for Status 18-22 –1340**

**Case Service Code for Status 32 - 1440**

**Note: An outside substantial source of support must be documented prior to beginning a college program.**

**Under certain circumstances** ARS may pay college maintenance costs to those individuals classified as most significantly disabled, provided:

- 1) the assessment for vocational needs indicates that college training is the most feasible training option, and,
- 2) a comprehensive search of similar benefits and alternative funding sources has been completed.

**Referral of the most significantly disabled individuals for residence at HSRC and training at Garland County Community College is encouraged. These in-place support services are considered crucial to the individual's personal, academic, and vocational adjustment.**

## **PROCEDURES – MAINTENANCE FOR COLLEGE TRAINING**

- Documentation of the action to be taken will be made in the case notes.
- Complete Annual Review, if appropriate, and document any amendments to the IPE by completing the Amendment (RS600-C)
- Update the Financial Resource Form at Annual Review, if appropriate.
- Refer to ARS Vendor List or secure W-9 from new vendor.

- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **MAINTENANCE FOR FULL-TIME VOCATIONAL TRAINING**

**Case Service Code for Status 06 – 1240**

**Case Service Code for Status 18-22 –1340**

**Case Service Code for Status 32 - 1440**

Maintenance may be paid for an individual in business, trade, technical, or other schools, on – the - job training, and apprenticeship training.

### **PROCEDURES – MAINTENANCE FOR VOCATIONAL TRAINING**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **MAINTENANCE FOR REHABILITATION CENTERS AND FACILITIES**

**Case Service Code for Status 06 – 1240**

**Case Service Code for Status 18-22 –1340**

**Case Service Code for Status 32 - 1440**

Maintenance will be paid based on the State VR Agency's prevailing rate.

### **PROCEDURES – MAINTENANCE FOR REHABILITATION CENTERS/FACILITIES**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual) When the billing statement is received, key the payment into ARIMIS.

## **MAINTENANCE FOLLOWING PLACEMENT**

**Case Service Code for Status 20-22 –1340**

**Case Service Code for Status 32 - 1440**

After job placement, maintenance may be paid until the individual receives the first paycheck. Maintenance will not continue for more than 30 days after placement unless approved by the District Manager.

### **PROCEDURES – MAINTENANCE FOLLOWING PLACEMENT**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in Status 22 before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **OTHER SERVICES**

**Case Service Code for Status 06 – 1290**

**Case Service Code for Status 16-22 –1390**

**Case Service Code for Status 32 - 1490**

Other goods and services include tools, equipment, and initial stock and supplies for vending stands, business and occupation licenses.

### **PROCEDURES – OTHER SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **SUPPORTED EMPLOYMENT SERVICES**

For a detailed discussion of all aspects of Supported Employment and transitional employment for persons who have long-term mental illness (LTMI), counselors are directed to the **Arkansas Guide to Supported Employment Services**.

ARS will provide supported employment services to any individual who is certified as having a most significant disability and for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of that disability; has been determined eligible under Title I; and has been determined by an assessment of rehabilitation needs to have:

- 1) the ability or potential to engage in a training program leading to supported employment;
- 2) a need for on-going support services in order to perform competitive work; and
- 3) the ability to work in a supported employment setting in competitive employment in an integrated setting, or employment in integrated settings in which individuals are working toward competitive employment.

Supported Employment involves full or part-time employment averaging at least 15 hours per week for each pay period. It may be less than 15 hours with District Manager's approval.

The individual is placed in an integrated work setting with no more than eight persons with disabilities. Ongoing support services are provided at least twice monthly at the work site (except for LTMI) after ARS case closure throughout the term of employment.

The 18-month limitation on the provision of supported employment services has been amended to permit extension of this service on a case-by-case basis as determined and documented on the IPE.

Primary job coach components of supported services are:

- 1) Job development involving matching the individual to the job, communicating with family and employers where needed on behalf of the individual, and assisting in the arrangement of transportation.
- 2) Placement, job-site training and support to assist the individual in both acquiring the production skills and general worker traits needed by the employer and in developing positive work relationships with the employer and co-workers.
- 3) Promoting job retention through building employer and co-worker supports for the client, maintaining a job site presence consistent with the individual's needs, and assuring support is accessible to the employer, family or individual where needed.

Choosing the Supported Employment Service Model: Supported employment services can be provided through individual (individual placement, job coach) models or group (enclave, mobile crew) models. For an extensive discussion of these models, counselors are directed to the Arkansas Guide to Supported Employment Services.

Supported Employment consumers may not be considered for post-employment services.

When a job is lost, the counselor should take a new referral. The counselor can re-initiate supported employment services for a former consumer in instances of job destabilization or potential upgrade.

**All ARS requirements related to the provision of services will apply in the provision of supported employment services.**

**ARS funding will cease when an individual meets the supported employment service objectives on the IPE and is stable in employment.**

Job stability measures in the Individual Competitive Employment Model are:

- 1) employer satisfaction with job performance;
- 2) completion of the skill training, adjustment, and fading activities of the employment specialist; and
- 3) an average intervention time by the employment specialist of less than 20 percent of the individual's working hours over a 90-day period.

Job stability measures for the Group Models are:

- 1) employer satisfaction with job performance;
- 2) completion of the skill acquisition and work site adjustment phase of the individual's training plan by on-site trainer; and
- 3) intervention on the part of the on-site trainer or supervisor over a 90-day period is directed at maintaining or improving level of production and not at major barriers to successful integration into the host company.

## **PROCEDURES – SUPPORTED EMPLOYMENT SERVICES**

- Complete the Certificate of Eligibility. (See Appendix E)
- Complete the IPE utilizing informed choice. The counselor will indicate the extended service provider on the IPE at plan development.
- ARS will purchase services on a fee-for-service basis as follows:
  - \$600.00 to be paid at time of referral by counselor to the provider Agency.
  - \$1,600.00 upon job placement as agreed by the counselor, individual and provider.
  - \$600.00 at point of stabilization Status 22 (stabilization is to be determined by 20 percent intervention by the job coach in comparison to total number of hours worked or the individual reaches a plateau of intervention greater than 20 percent and maintaining that level for 60 days.

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In addition, the individual and the employer must be satisfied with the job placement performance.

- \$1,600.00 after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.

## **TRANSITIONAL EMPLOYMENT SERVICES (TES)**

Transitional Employment Services are for persons with LTMI and provide paid work in a job slot in competitive industry. This service may result in independent competitive employment. ARS sponsored transitional employment must involve an average of 15 hours of work per pay period with the District Manager's approval. Authorizations for Transitional Employment Services will not exceed 125 days over a 12- month period.

## **PROCEDURES – TRANSITIONAL EMPLOYMENT SERVICES**

- Complete the Certificate of Eligibility. (See Appendix E.)
- Complete the IPE utilizing informed choice.
- ARS will purchase services on a fee-for-service basis as follows:
  - \$600.00 to be paid at time of referral by counselor to the provider Agency.
  - \$1,600.00 upon job placement as agreed by the counselor, individual and provider.
  - \$600.00 at point of stabilization Status 22 (stabilization is to be determined by 20 percent intervention by the job coach in comparison to total number of hours worked or the individual reaches a plateau of intervention greater than 20 percent and maintaining that level for 60 days. In addition, the individual and the employer must be satisfied with the job placement performance.
  - \$1,600.00 after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.

Primary Agency Fund Codes and their appropriate use for authorizing SE and TES are as follows:

- 1) Use Title VI-C, Program Code 34 Federal Supported Employment funds to purchase direct and ancillary services for persons who meet all of the criteria for supported employment relating to hours worked, integration, group size, need and availability of post-closure follow along, and severity of disability. Examples of when to use this code are:
  - A. Supported Employment services for persons with mental retardation who meet the above criteria.
  - B. Supported Employment Services and Transitional Employment Services for persons with LTMI who meet the above criteria.

- 2) Supported employment services for secondary students. The Agency may plan with and sponsor SES for students who are classified as most significantly disabled and are completing their last year of "formal" education. To provide these services:
  - A. The SES must be identified on the IPE, IEP, and ITP, if appropriate, and it results in full/part-time employment.
  - B. Vocational awareness/job readiness services, if appropriate, should be identified on the IEP and/or ITP, are considered academic in nature and will not be sponsored by ARS.
  - C. During the last 60 days, prior to the student's exit from school, SES as identified on the IPE, IEP, and ITP, if appropriate, may be provided by ARS.
  - D. The vendor of follow-along services must be identified on the IPE, IEP, and ITP, if appropriate.
  - E. If transportation is needed for the SES, the provider must be identified on the IEP and ITP, if appropriate.

## **PROVISION, IMPACT AND SCOPE OF SERVICES TO FAMILY MEMBERS**

Services may be provided to an individual's family when necessary for the individual to attain the vocational objective. These services must substantially contribute to the individual's rehabilitation. The necessity of service provision to an individual's family should be based on a study of the individual's needs. This includes problems faced by the family in support of the individual's rehabilitation. Substantial impact services are those that allow or increase the opportunity for an individual's use of VR services. Without these services, the individual would be unable to begin or continue the IPE, which may result in delayed employment or unachievable employment. The individual and their family member(s) must be jointly involved in deciding if services to a family member can contribute to the individual's rehabilitation program. In developing the IPE, it is important that both the individual and family members understand the basis for provision of family services, i.e., such services must be necessary to the individual's adjustment or vocational rehabilitation.

While the counselor often sees family members during the preliminary or thorough diagnostic study, these interviews and any incidental advice provided during such sessions are not considered a service to a family member. Rather, such interviews and counseling are part of the process of determining the individual's eligibility for VR or the scope of services to be provided.

Services may include childcare, training, transportation, relocation of the family to an area where work is available for the individual, and any other necessary support services for the individual. These services may include any VR services and may be provided without age restriction of the family members. **Services to family members must be included on the IPE.**

Educating the family on the importance of using personal resources, family support, and other available community resources is essential to the successful completion of the rehabilitation program. Appropriate and available resources should be fully utilized in the provision of services to a individual's family when necessary to the individual's adjustment or rehabilitation. Any contribution by family members to the cost of these services is regarded as participation by the individual.

**Although these services are intended for the individual's benefit, the family member(s) will also benefit. A family member with a disability that might qualify the individual for VR services should be considered a prospective ARS consumer.**

#### **PROCEDURES – SERVICES TO FAMILY MEMBERS**

- The counselor must document in the case notes why services are needed, which family member needs services, what services are needed, how the services will contribute to the individual's adjustment or rehabilitation, and how services will be secured in accordance with informed choice.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

#### **TERMINATING SERVICES TO FAMILY MEMBERS**

Services to family members can be an integral part of the individual's VR, Trial Work Experience or EE program, service termination should be considered when the service no longer substantially contributes to the individual's program or when the individual is rehabilitated.

When the individual has been placed in employment and the case is ready for closure, but services to the family members have not been completed and are still expected to substantially contribute to the individual's rehabilitation program, the case should not be closed until services to family members are completed or terminated.

## **POST-EMPLOYMENT SERVICES TO FAMILY MEMBERS**

Post-employment services to family members may be provided after the individual is rehabilitated if services are necessary to help the individual maintain employment. Post-employment services to family members must be included on an IPE.

## **POST-EMPLOYMENT SERVICES**

Post-employment services may be provided after the individual has been closed as Rehabilitated (Status 32) and needs services to maintain employment. Post-employment services may only be provided to individuals in Status 32. Cases that are closed in Status 26 cannot at a later date be placed in Status 32 and provided post-employment services. These services include minor VR services to maintain employment. These are services that can be provided quickly, expeditiously, at a minimum cost and little counselor effort. These may include minor repair to prosthesis or brief retraining in the use of the prosthesis, counseling and guidance, or a spinal cord injured individual who suffers from an acute kidney infection and needs immediate medical treatment.

All planned and anticipated services should be documented and must be included in the amendment at closure. Individuals should be placed in post-employment status at closure when the counselor feels the individual will need additional services and/or periodic support.

**NOTE: Procedures to develop a Status 32 closure are covered in the Closure Section VIII.**

**NOTE: Post-employment services will not exceed 18 months without approval from the District Manager and Chief of Field Services.**

## **PROCEDURES – POST-EMPLOYMENT**

- Case must be in Status 32 to provide post-employment services.
- The counselor must maintain contact with the individual, employer, and vendors who may be involved in the provision of services.
- Document in the case notes the justification for post-employment services and the individual's progress in maintaining employment.
- Refer to ARS Vendor List or secure W-9 from new vendor, if needed.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **TOOLS, EQUIPMENT, INITIAL STOCK, AND CONSTRUCTION**

**Case Service Code for Status 06 - 1290**

**Case Service Code for Status 16-22 - 1390**

**Case Service Code for Status 32 - 1490**

Tools, equipment, initial stock and occupational licenses may be provided for an individual if:

- 1) They are necessary for placing the individual in a job or occupation best suited to that individual's abilities and skills;
- 2) the employer does not ordinarily furnish these articles;
- 3) they are for the individual's exclusive use; and
- 4) if the individual is self-employed, self-employment is the most suitable method of placing the individual in a remunerative occupation.

These articles must be for the individual's own use in work performance and must remain in the individual's possession and control as long as the individual remains in the job or occupation. However, the individual may dispose of initial stock in the ordinary course of business.

Any expenses beyond \$5,000 must be justified with clear and convincing evidence of need and approved by Chief of Field Services.

## **PURCHASING**

When the purchase exceeds \$1,000.00 but is less than \$5,000.00, the counselor will submit a written memo and the RS Request for Purchase (RS357) to the District Manager. Upon approval by the District Manager, the counselor will submit the RS Request for Purchase (RS357) form to the Chief of Field Services. After receiving Chief of Field Services approval, the counselor will make the purchase by writing the necessary authorization(s) in compliance with the purchase order.

**Exception: If the Central Office provides the counselor with a copy of the State Purchasing Agency's purchase order (contract), a copy of the authorization will not be sent to the vendor.**

**Exemption:** Surgery, treatment, hospitalization; prosthetic devices; professional, technical, and other personal services; room and board; transportation charges; books, manuals; periodicals; and copyrighted educational aids.

## **PROCEDURES – PURCHASING**

- If the cost of one item or the total cost of like items amount to:
  - \$1,000.00 or less (tax excluded) the purchase may be made on the open market by the counselor.
  - \$1,000.01 or more but less than \$5,000 (tax excluded) will require the approval of the District Manager. The counselor will obtain three or more verbal or written quotes, complete the RS-357 with a Memo, and submit this information to the District Manager. If less than three quotes are obtained, a statement of explanation will accompany the purchase request. Quote specification details will be consistent to all vendors. The RS-357 will be submitted to the Chief of Field Services for approval. An approved copy of the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.
  - \$5,000.01 or more but less than \$25,000 (tax excluded) will require the approval of the Chief of Field Services through the District Manager. If possible, the counselor will obtain three or more verbal or written quotations and submit this information to the District Manager. If less than three quotes are obtained, a statement of explanation will accompany the purchase request. Quote specification details will be consistent to all vendors.
  - \$25,000.00 or more, the request will be forwarded to the Chief of Field Services. The Central Office will arrange for the purchase. The counselor will determine whether the total cost exceeds \$25,000.00 and, if so, will obtain complete specifications and submit these to the Central Office. Quote specification details will be consistent to all vendors. Brand names may be used as a means of identification and as the basis of specifications only.

**Note: The Vendor selected must provide proof of liability insurance, license, and worker's compensation coverage or exemption to comply with State Building Services regulations.**

## **TITLE RETENTION/RELEASE/REPOSSESSION**

The individual who is provided occupational tools and/or equipment by ARS will sign a Title Agreement listing the tools and/or equipment provided and specifying that ARS will retain the title. The individual may not sell, mortgage, give away, or dispose of tools and/or equipment provided during the time that ARS retains title. The individual upon receipt of the authorized goods will sign a Title Agreement form in duplicate with a list of all articles. It is the counselor's responsibility to secure the Title Agreement.

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## **PROCEDURES – TITLE RETENTION**

- Complete the Receipt For Occupational Tools and/or Equipment and Title Agreement form. (See Forms Appendix E).
- A copy of the Title Agreement with signature will be placed in the case file and a copy given to the individual.

## **TITLE RELEASE**

The counselor may release the title of occupational tools and/or equipment when the case is closed rehabilitated. However, in the counselor's judgement, if it is in the best interest of the individual or ARS, the title may be retained indefinitely. When the title is relinquished, the counselor will submit the original Release of Title Form to the individual. A copy of this form will also be placed in the record of services.

## **PROCEDURES – TITLE RELEASE**

- Complete the Release of Title for Tools and/or Equipment
- The original will be placed in the file and copy will be given to the individual.

## **REPOSSESSION**

The Counselor must repossess all occupational tools and/or equipment purchased for an individual if the case does not result in a rehabilitated closure.

## **PROCEDURES – REPOSSESSION**

- The counselor will arrange to reclaim the tools or equipment listed on the Title Retention form.
- The case notes should reflect the action taken.
- The counselor will be responsible for storage of the equipment.
- The counselor will be responsible for listing the equipment on the K Drive in the Tools and Equipment folder.

## **RETURNED OR DONATED ITEMS**

Returned or donated equipment will be made available for counselors across the state to use for other cases.

## **PROCEDURES – RETURNED OR DONATED ITEMS**

- The counselor will list the returned or donated item on the K Drive in the Tools and Equipment folder.
- A counselor who has a need for any of the items will contact the counselor listed on the folder.
- The counselor listed on the K Drive will remove the item from the list once arrangements for the exchange have been made.
- The counselor will document in the case record the disposition of the item even if the individual's file has been closed.

## **REHABILITATION TECHNOLOGY SERVICES**

**All rehabilitation consumers must be evaluated for technology services.**

Rehabilitation Technology Services is the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living and recreation. The term includes Rehabilitation Engineering, Assistive Technology Devices, and Assistive Technology Services.

## **REHABILITATION ENGINEERING**

**Case Service Code for Status 02 - 1197**

**Case Service Code for Status 06 - 1297**

**Case Service Code for Status 16 - 22 - 1397**

**Case Service Code for Status 32 - 1497**

Rehabilitation engineering is the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in the functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

## **PROCEDURES – REHABILITATION ENGINEERING**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)

- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary. (See Services VI Index)

## **ASSISTIVE TECHNOLOGY SERVICES**

**Case Service Code for Status 02 - 1199**

**Case Service Code for Status 06 - 1299**

**Case Service Code for Status 16- 22 - 1399**

**Case Service Code for Status 32 - 1499**

Assistive Technology Services are services that directly assist an individual in the selection, acquisition, or use of an assistive technology device. Services included are:

- 1) Evaluation of the needs of individuals including a functional evaluation in his/her customary environment;
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- 4) Coordinating and using other therapies or interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- 5) Training or technical assistance for the individual or, where appropriate, the individual's family.
- 6) Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by an individual with a disability.

## **PROCEDURES – ASSISTIVE TECHNOLOGY SERVICES**

- Check for appropriate status in ARIMIS.
- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Forms Appendix E and Special Programs Appendix B.)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary

## **ASSISTIVE TECHNOLOGY DEVICES**

**CASE SERVICE CODE FOR STATUS 02 - 1198**

**CASE SERVICE CODE FOR STATUS 06 - 1298**

**CASE SERVICE CODE FOR STATUS 16-22 - 1398**

**CASE SERVICE CODE FOR STATUS 32 - 1498**

These are devices that enable the individual to participate in a rehabilitation program, to complete necessary assessments, or make it possible for the person to work or become more productive. These devices include any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

## **PROCEDURES – TECHNOLOGY DEVICES**

- Check for appropriate status in ARIMIS.
- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Medical Consultant review if required. (See Form Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- Refer to Out of State Policy limitations, if necessary

## **PROSTHETIC AND ORTHOTIC DEVICES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

Prosthesis means an artificial substitute for a missing body part such as an arm or leg, eye or teeth, contact lenses, and heart valves used for functional or corrective reasons, or both. Orthotics means an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. These items include braces, hearing aids, glasses, belts, trusses, corsets and supports, orthopedic shoes, crutches and wheelchairs.

For an original or first device, the purchase must be based on the recommendation of a specialist in the appropriate field. In cases of replacement and repair of devices, for individuals with a history of satisfactory device use, and in which the basic examination report indicated no pathological change, this report may be sufficient medical basis for rendering the service.

All new or initial wearers and individuals who have had difficulty wearing a limb may be referred to the HSRC Amputee Clinic for evaluation. (See Appendix C)

ARS will purchase prosthetic and orthotic devices from vendors certified by the American Board of Certification on Orthotics and Prosthetics in accordance with informed choice. Artificial arms, legs, and components must be purchased through certified prosthetists. A list of approved prosthetists will be maintained in the Physical Restoration Manual. Payments will be made according to the established ARS Fee Schedule.

In selecting the vendor, the counselor will consider:

- 1) the individual's wishes based on informed choice,
- 2) the proximity of the vendor to the individual (the vendor should be accessible to the individual for measurements, fittings, adjustments, maintenance and repair) and
- 3) the referral source, if the source is an appropriate vendor.

## **PROCEDURES – PROSTHETIC AND ORTHOTIC DEVICES**

- Check for appropriate status in ARIMIS.
- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees and select appropriate code. (See L-Code Fee Schedule)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary

## **HEARING AIDS**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

ARS will purchase hearing aids for individuals from licensed dealers or physicians skilled in diseases of the ear after a hearing evaluation by a physician and a hearing aid evaluation by an audiologist. The audiologist's hearing aid evaluation report must specify the type of hearing aid (i.e., behind-the-ear, or eyeglass), the specific brand name, and model. When applicable, the internal and/or external adjustment for a hearing aid purchased by ARS must also be specified. The individual must indicate vendor choice in accordance with informed choice by signing the application, or IPE.

## **PROCEDURES – HEARING AIDS**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code. (See Codes Appendix A)
- Key ARIMIS data for Status 16, if appropriate. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.
- UAMS requires special payment. (See VI. Services Index for policy for UAMS)
- Refer to Out of State Policy limitations, if necessary

## **WHEELCHAIRS**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

ARS may purchase electric and manual wheelchairs and necessary repairs for the individual to proceed through the rehabilitation process. Wheelchairs will be purchased by prescription. The counselor is required to obtain three bids and will purchase wheelchairs from the lowest bidder. Purchases for lightweight/sports model chairs may be made from the vendor recommended by the therapist, physician, or other professional completing the prescription if it is the lowest of three bids.

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## **PROCEDURES – WHEELCHAIRS**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN’S Assistive Technology Program. (See Special Programs Appendix B)
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **REPAIR OF WHEELCHAIRS**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

Repairs of wheelchairs present numerous problems and it will not be possible to provide detailed procedures to cover every possibility. Decision on where repairs may be made will depend upon resources for repairs in various local communities. Usually, it would be more convenient to the individual for minor repairs to be made locally. If this is not possible, arrangements should be made to repair the chair at HSRC. The counselor and individual will make the decision based on resources and immediacy of the situation in accordance with informed choice.

## **PROCEDURES - REPAIR OF WHEELCHAIRS**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN’S Assistive Technology Program.
- (See Special Programs Appendix B)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for Status 16, if appropriate. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- UAMS requires special payment. (See VI. Services Index for UAMS)
- Refer to Out of State Policy limitations, if necessary.

## **BRACES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

Braces will be purchased in accordance with informed choice, upon the recommendation of the specific specialist in charge, i.e., an orthopedist in orthopedic cases; a neurologist in neurological cases. Shoes are standard accessories for all leg braces, if the braces attach to the shoes.

These shoes must be included in the brace purchase. Repairs may be authorized for any eligible applicant upon a basic examination only, unless the basic examination indicates other consultations are necessary.

**HSRC Hospital Cases - Braces for individuals who plan to enter the Center will not be provided until the individual is enrolled in the Center and as recommended by the HSRC Medical Staff. HSRC Medical Staff will recommend repairs and new braces for Center consumers.**

## **PROCEDURES – BRACES**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **GLASSES AND ARTIFICIAL EYES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

Glasses, artificial eyes and other visual services may be purchased if recommended by a current eye examination performed by an Ophthalmologist or Optometrist, in accordance with informed choice.

Glasses may be purchased only when necessary for the individual to complete evaluation, enter or complete a rehabilitation service planned training program, or to enter employment. Glasses, ornamental and/or expensive frames will not be purchased for cosmetic reasons.

Prosthetic eyes may be purchased for either cosmetic effect or functional use. Plastic eyes should be purchased unless there are justifiable reasons for another type.

## **PROCEDURES – GLASSES/ARTIFICIAL EYES**

- Documentation of the action to be taken will be made in the case notes.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **PERSONAL ASSISTANCE SERVICES**

Personal Assistance Services is a range of services provided by one or more persons, designed to assist an individual with disabilities to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability.

These services may be provided to an individual at any time during the rehabilitation process and may include:

- 1) Attendant
- 2) Interpreter
- 3) Reader

## **ATTENDANT**

**Case Code for Status 02 - 1170**

**Case Code for Status 06 - 1270**

**Case Code for Status 10-24 - 1370**

**Case Code for Status 32 - 1470**

ARS will purchase attendant services in accordance with informed choice provided by one or more persons, designed to assist an individual with disabilities to perform daily living activities on or off the job that the individual would typically perform if the

individual did not have a disability. These services may be provided to an individual at any time during the rehabilitation process when prescribed by an attending physician.

## **PROCEDURES – ATTENDANT**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **INTERPRETER SERVICES**

**Case Code for Status 02 - 1171**

**Case Code for Status 06 - 1271**

**Case Code for Status 10-24 - 1371**

**Case Code for Status 32 - 1471**

ARS will purchase interpreter services for deaf or hearing-impaired individuals involved in a rehabilitation program in accordance with informed choice.

## **PROCEDURES – INTERPRETER SERVICES**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **READER**

**Case Code for Status 02 - 1172**

**Case Code for Status 06 - 1272**

**Case Code for Status 10-24 - 1372**

**Case Code for Status 32 - 1472**

ARS will purchase reader services for deaf or hearing - impaired individuals and visually impaired individuals involved in a rehabilitation program in accordance with informed choice.

## **PROCEDURES – READER**

- Documentation of the action to be taken will be made in the case notes.
- Complete referral procedures for ICAN'S Assistive Technology Program. (See Special Programs Appendix B)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

## **MOTOR VEHICLES**

It is ARS policy not to purchase motor vehicles for an individual or groups of individuals.

## **SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16-22 - 1398**

**Case Service Code for Status 32 - 1498**

Purchase and installation of special equipment and/or vehicle modification may be provided to enable the individual to drive their vehicle or an immediate family member or a designated attendant to provide the individual transportation if:

- 1) The individual or vehicle operator has a current operator license, proof that insurance will cover equipment and proof of vehicle ownership.
- 2) Equipment is purchased from an approved vendor.
- 3) Equipment purchase and/or vehicle modification is made to enable a individual to participate in an approved full-time VR training program or employment. Needed equipment must be established as a criterion for evaluation of progress toward the employment outcome or covered in an IPE amendment.
- 4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles has been determined mechanically sound. This requirement does not apply to vehicles less than five (5) years old or with less than 50,000 miles.
- 5) An Assistive Technology evaluation from ICAN has been completed upon a counselor's request. The evaluation must include an equipment description or specification.

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- 6) The individual has been instructed in safe operation and/or use of equipment by the vendor.
- 7) Any expenses beyond \$5,000 for van modification, including lift must be justified with clear and convincing evidence of need and approved by Chief of Field Services.

The counselor will follow the State Purchasing guidelines.

ARS will purchase **one** van lift and/or van modification per individual regardless of the times a case is reopened. ARS retains title to special equipment until the case is closed. It is the individual and/or family's responsibility to repair the lift and other adaptive equipment after warranty expiration. Driver's training is available at the HSRC or ARS may purchase driver training from an approved instructor or Agency.

### **PROCEDURES—SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES**

- Documentation of the action to be taken will be made in the case notes.
- Secure an Assistive Technology recommendation (See Forms Appendix E)
- The counselor will follow the State Purchasing guidelines. (See VI. Services Index)
- If the cost of this service is beyond \$5000.00, clear and convincing evidence of need must be submitted through the District Manager to the Chief of Field Services.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual)
- When the billing statement is received, key the payment into ARIMIS.

**NOTE: THIS SERVICE CANNOT BE PLANNED ON THE IPE OR AMENDMENT UNTIL THE ASSISTIVE TECHNOLOGY EVALUATION HAS BEEN PERFORMED.**

## VII. INDEPENDENT LIVING REHABILITATION SERVICES

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## **VII. INDEPENDENT LIVING REHABILITATION SERVICES**

### **DEFINITION AND INFORMATION**

Independent Living Rehabilitation Services (ILRS) are any appropriate vocational rehabilitation services (as defined under Title I of the rehabilitation Act) that will enhance the ability of an individual with a significant disability to live more independently and function within his/her family or community and, if appropriate, secure and maintain appropriate employment.

Services may be provided under this title to any individual whose ability to engage or continue in employment, or whose ability to function independently in the family or community is so limited by the severity of the disability that vocational or comprehensive rehabilitation services are required to significantly improve either the ability to engage in employment or to function independently in the family or community. Priority of services under this part shall be given to individuals not served by other provisions of the Rehabilitation Act.

The term "comprehensive services for independent living" means any appropriate vocational rehabilitation service (as defined under Title I of the Rehabilitation Act) and any other available service that will enhance the ability of an individual with disabilities to live independently and function within the family and community and, if appropriate, secure and maintain appropriate employment. Such service may include any of the following: counseling services, including psychological, psychotherapeutic, and related services; housing incidental to the purpose of this section (including appropriate accommodations to and modification of any space to serve individuals with disabilities; appropriate job placement services; transportation; attendant care; physical rehabilitation; therapeutic treatment; needed prostheses and other appliances and devices; health maintenance; recreational services; services for children of preschool age including physical therapy, development of language and communication skills and child development services; and appropriate preventive services to decrease the needs of individuals assisted under the program for similar services in the future.

If/when an individual is in an institution at the time of referral or enters an institution after they have applied for services, their presence in an institution may affect their eligibility for services. A person's eligibility for ILRS services is based in part on the expectation that the individual will be present and able to participate in services. When a person is in an institution, the counselor may conclude that the person will not be available to take part in a rehabilitation program. The presence of an individual in an institution affects that person's ability to meet the reasonable expectation that ILRS may significantly

assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning. One of the main concerns as an

ILRS counselor is the projected length of the person's stay in the institution. For example, if a person is very ill and must enter a hospital for a lengthy stay, is it reasonable to expect they can benefit from services. Examples of institutions in which residents may spend a long period of time are group home placements, human development centers, prisons, nursing homes, and psychiatric hospitals.

## **ELIGIBILITY**

Eligibility requirements will be applied without regard to sex, race, age, creed, color, national origin, or type of disability of the individual applying for services. No group of individuals will be excluded or found ineligible solely on the basis of type of disability. A person who meets basic eligibility requirements cannot be determined ineligible because of their age.

Residence requirements are the same as for VR services.

## **RESPONSIBILITY FOR DETERMINING ELIGIBILITY**

ARS has the sole responsibility for determining the eligibility of individuals for ILR services. This responsibility remains within the Agency and will not be delegated to any other Agency or individual. The Commissioner has delegated the primary duty for this determination to the rehabilitation counselor. The counselor is required to establish documentary evidence to support the decision and must execute a Certificate of Eligibility for ILR Services (RS-600-B-1). In every case, the Certificate of Eligibility for ILR Services must be completed prior to authorization of case service funds except for diagnosis.

## **BASIC ELIGIBILITY REQUIREMENTS FOR ILR SERVICES**

The counselor is required to show the following conditions exist for each individual determined eligible for ILR services:

- 1) The individual has a significant physical or mental disability with resulting functional limitations in activities.
- 2) These significant limitations constitute a substantial impediment to function independently in family or community or to engage or continue in employment.

- 3) There is a reasonable expectation that ILR services may significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning.

The following paragraphs define the basic criteria:

**Significant Physical or Mental Impairment** means a physical or mental condition that seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of ability to function independently in family or community or to engage or continue in employment.

**Substantial Impediment to Function Independently** means an individual's ability to live an independent life is significantly restricted, there is a loss of independence, or an individual needs special help to be independent and that services provided will reduce or correct the resulting functional limitations of the disability, overcome the obstacles to independence and/or will significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning. Consideration should be given to such factors as medical diagnosis, age, education, appearance, personality, attitude, interest, resources, environment, expressed desires, work history, and work opportunities.

## **CERTIFICATE OF ELIGIBILITY**

The counselor is required to include a formal statement of certification indicating eligibility for ILR services in the record of services for each individual. This Certificate of Eligibility statement assures the individual has met the requirements. As a minimum, the certificate shall contain the individual's name, date of eligibility and a narrative statement explaining how the counselor arrived at the basic conditions of eligibility. It must be dated and signed by the counselor. The certificate must be completed prior to, or simultaneously with, an individual's acceptance for services.

## **CERTIFICATE OF INELIGIBILITY**

When it has been determined that an individual is ineligible for ILR services, the counselor is required to initiate a Certificate of Ineligibility to close the record of services. Ineligibility certification will be made only after full participation with the individual or, as appropriate, parent, guardian or representative after an opportunity for consultation. This certificate will be dated and signed by the counselor and the individual, their parent/guardian or their representative, then placed in the record of services. In such cases, the counselor will notify the individual in writing of the action taken. When appropriate, referral will be made to other agencies and facilities.

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**The individual may appeal the ineligibility determination. ARS will provide the individual with information on the means by which the an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.**

The basic reasons for ineligible determinations are:

1. The diagnostic evaluation fails to establish a significant disability.
2. There is no functional limitation to independent living.
3. There is no potential for independent living because the prognosis is unfavorable, services were refused or unavailable, the individual is uncooperative, institutionalized, dies, or cannot be located. The counselor should be sure the individual understands the purpose of the program and the services that are available.

## **ILRS INDIVIDUALIZED PLAN**

The counselor must complete a plan for services. See Section IV for plan development.

## **TERMINATION OF SERVICES UNDER AN IPE**

When it has been determined that an individual cannot meet the projected goals, the counselor is required to initiate an Amendment to the IPE. The reasons for initiating an IPE amendment are:

- 1) the individual does not follow through with the planned program or is uncooperative or
- 2) the individual dies, becomes institutionalized, leaves the state, or becomes too ill to continue the program.

The decision to close the case should be made only with the full participation of the individual, or, as appropriate, the parents, guardian, or other representative, unless the individual is no longer in the State, or his/her whereabouts are unknown. The individual or representative's participation in the decision shall be recorded in the IPE. The rationale will be recorded on an Amendment to the IPE certifying that the provision of ILR services has demonstrated that the individual is not capable of functioning more independently in family or community or engaging or continuing in employment. The date of annual review will also be recorded on the Amendment.

## **RE-OPENING A CASE**

A person with a significant disability may re-apply for ILR services at any time after the record of services has been closed. In such a situation, the counselor must process the case in a manner similar to an individual applying for the first time. Every effort should be made to review and arrive at a decision on the basis of the present rather than previous conditions. Cases requiring only minor services will not be reopened in the same fiscal year.

## **REVIEW OF INELIGIBILITY DECISION**

When a record of services is closed as ineligible, because there is no reasonable expectation ILR services will significantly improve the individual's ability to function independently, an annual review will take place no later than twelve (12) months from the date of ineligibility determination. This review will be conducted so the individual, their parent, guardian or representative is given full opportunity for consultation in the reconsideration of the decision of ineligibility.

## **ECONOMIC NEED AND COMPARABLE BENEFITS**

Services are based on financial need and comparable benefits will be utilized. Services are intended to be comprehensive and one-time services to enable individuals to live and function independently in the home, family, or community and to maintain employment.

## **AVAILABLE SERVICES**

1. Counseling services including psychological and psychotherapy, counseling, advocacy services and related services;
2. Housing incidental to the provision of any independent living rehabilitation service, including appropriate accommodations to and modifications of any space utilized to serve individuals with significant disabilities;
3. Physical and mental restoration services including the services identified in the definition of comprehensive services for independent living;
4. Transportation;
5. Interpreter services for individuals who are deaf, including tactile interpretation to individuals who are deaf-blind;
6. Services to family members of an individual with a significant disability, if necessary, for improving the individual's ability to live and function more independently, or the individual's ability to engage or continue in employment;

7. Vocational and other training services including personal and vocational adjustment, when necessary, for improving the ability of an individual with significant disabilities to live and function more independently, or engage or continue in employment;
8. Referral services;
9. Telecommunications, sensory and other technological aids and devices;
10. Services for children of preschool age including physical therapy, development of language and communication skills, and child development services;
11. Any other vocational rehabilitation services available under the State Plan for VR services under Title I of the Act, which are appropriate to the independent living rehabilitation needs of an individual with significant disabilities.

### **MOTOR VEHICLE MODIFICATION POLICY**

ARS will not provide vehicle modifications or van lifts for ILRS cases. Administrative exception may be granted if the equipment is to be used for transportation to and from place of employment.

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## **VIII. CLOSURE**

### **CASES CLOSED FROM STATUS 00**

Status 00 cases will be dropped automatically by the ARIMIS System after 180 days if the case is not advanced to Status 02.

### **CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION (STATUS 08)**

ARS will not close the case record of a referral or applicant prior to making an eligibility determination unless the applicant declines to participate, or is unavailable to complete an assessment for determining eligibility and priority for services. ARS will make a reasonable number of attempts (at least one in writing) to contact the applicant or the applicant's representative to encourage the applicant's participation.

34 C.F.R. § 361.44

### **PROCEDURES – CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION**

- Complete Certificate of Ineligibility. (RS-4C) (See Forms Appendix E)
- Key ARIMIS data for Status 08.

**Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted in situations, in which the individual has refused, no longer resides in the state, whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)**

### **CLOSED NOT REHABILITATED DURING/ AFTER EVALUATION (STATUS 08)**

An individual's record of services is closed from application or Trial Work Experience/Extended Evaluation when the VR eligibility conditions are not met or intervening reasons prevent eligibility determination. The ineligibility determination must be made based on clear and convincing evidence that the individual cannot benefit from services in terms of an employment outcome due to severity of disability. The counselor must include a formal certification statement indicating ineligibility for VR services in the individual's record of services.

A Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility certification will be made only after full participation with the individual or, if appropriate, the individual's representative, after an opportunity for consultation. In such cases, the counselor will notify the applicant in writing of the action taken, or by other appropriate

modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.

The individual may appeal the ineligibility determination. The counselor will provide the individual with information on the means by which an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program. 34 C.F.R. § 361.41

## **PROCEDURES – CLOSED NOT REHABILITATED DURING/AFTER EVALUATION**

- Cancel or pay any outstanding encumbrance.
- Complete Certificate of Ineligibility if closed Status 08 from Status 02. (See Forms Appendix E) (See ARIMIS Manual)
- Complete RS600-C if closed Status 08 from Status 06. (See Forms Appendix E)
- When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.
- Key ARIMIS data for Status 08 Closure. (Refer to ARIMIS Manual)

**Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted in situations, in which the individual has refused it, no longer resides in the state, or whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)**

## **CLOSED REHABILITATED (STATUS 26)**

An individual's record of service will be closed as successfully rehabilitated when the individual has achieved a suitable employment objective and met the following requirements:

- 1) The individual has achieved the employment outcome described in the IPE.
- 2) The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- 3) The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice.

- 4) The individual has maintained the employment outcome for a period of at least 90 days.
- 5) The individual and the VR counselor consider the employment outcome to be satisfactory.
- 6) The individual is informed through appropriate modes of communication of the availability of post-employment services. 34 C.F.R. § 361.56

**Note: An individual will not be closed “Rehabilitated” more than once in any fiscal year.**

### **PROCEDURES – CLOSED REHABILITATED – STATUS 26**

- Pay or cancel any outstanding encumbrance.
- The counselor must demonstrate through documentation in a summary case note that substantial services provided under the individual’s IPE contributed to the achievement of the employment outcome.
- If there is a need for an IPE goal change, an amendment must be completed 90 days prior to closure.
- Case must be in Status 22 for 90 days.
- If the counselor has information concerning employment of the individual, but cannot obtain the individual’s signature that is required on the closure amendment, the counselor may close the case by using the method described in the next bullet.
- A minimum of three attempts with one in writing will be made to contact the individual. If contact cannot be made, a certified letter will be mailed to the individual. (See forms section)
- The receipt verification (card) will be placed in the case file.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- If the individual received services at HSRC, a copy of the RS600-C will be sent to the Center Counselor.
- Key ARIMIS for Status 26.
- The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual or mailed. (See Forms Appendix E)

### **CLOSED NOT REHABILITATED (STATUS 28)**

Cases closed not rehabilitated in Status 28 can only be closed from Statuses 14 – 24. An individual’s record of services will be closed as not rehabilitated when it is determined that suitable employment cannot be achieved or that employment resulted

without benefit derived from VR services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

#### **PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 28)**

- Pay or cancel any outstanding encumbrance.
- The counselor must document in the case notes the reason for closure.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- If appropriate, the individual will be referred to other agencies, programs, WIA One Stop Partners.
- Key ARIMIS for Status 28.
- The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual or mailed. (See Forms Appendix E)

#### **CLOSED NOT REHABILITATED (STATUS 30)**

Cases closed not rehabilitated in Status 30 can only be closed from Status 10 or 12. An individual's record of services will be closed as not rehabilitated when it is determined that the vocational objective is not feasible, the counselor and individual cannot agree on a rehabilitation plan, progress toward rehabilitation cannot be made for one reason or another, the individual has moved to another state, or is no longer available for services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

#### **PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 30)**

- Pay or cancel any outstanding encumbrance.
- The counselor must document in the case notes the reason for closure.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- The individual will be referred to other agencies, programs, or WIA One Stop Partners.
- Key ARIMIS for Status 30.

## **POST-EMPLOYMENT – (STATUS 32)**

Status 32 is used when the need for post-employment services has been identified. Post-employment services may be provided after the individual has been closed as Rehabilitated (26) and needs services to maintain employment. The case must be in active status for post-employment (32) before any services may be provided.

The counselor and individual must agree on the services planned to maintain the individual in employment. The purpose of this status is to avoid the necessity of reopening a case in order to provide a minor service that can be provided quickly, expeditiously, at a minimum cost and with little counselor effort.

For example, these may include minor repair to prosthesis or a small amount of retraining in the use of prosthesis, weekly or biweekly counseling and guidance or a spinal cord injured individual who suffers from an acute kidney infection and needs immediate medical treatment.

If the counselor is aware of the need for Post-Employment services at the time of the 26 Closure, all planned and anticipated services should be documented and must be included on the closure (amendment) document (RS600-C). If a need for post-employment services is determined several weeks after the 26 Closure, an amendment (RS600-C) must be completed.

**Post-employment services are expected to be a minor, one-time service and not provided in excess of 18 months. 34 C.F.R. §361.5(b)(42)**

## **PROCEDURES – POST-EMPLOYMENT (STATUS 32)**

- The counselor must document in the case notes the need for Post-Employment.
- **If Post-Employment services are identified at the time of 26 Closure, the counselor can complete the RS600-C to document all planned or anticipated services on the closure amendment. (See Forms Appendix E) Close the case in Status 26 in ARIMIS and immediately reopen the case in ARIMIS in Status 32 by keying in the Social Security Number. (See ARIMIS Manual)**
- If Post-Employment services are identified after the 26 Closure, the counselor must complete an RS600-C to document all planned services. (See Forms Appendix E) Reopen the case in ARIMIS directly into Status 32 by keying in the Social Security Number. (See ARIMIS Manual)
- The original RS600-C will be placed in the case file and a copy of the RS 600-C will be given to the individual.
- A case narrative entry must be made every 90 days to document progress.

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## **CLOSED FROM POST-EMPLOYMENT (STATUS 34)**

Decisions to **terminate** post-employment services should be made in consultation with the individual and documented in the amended IPE (RS600-C). The counselor will work with the individual to achieve a satisfactory level where post-employment support is no longer necessary. It also requires the counselor's professional judgement as to the individual's employment stability.

In making these decisions, the following factors should be considered:

1. satisfactory resolution of the problem requiring post-employment services;
2. the individual's attainment of sufficient independence to function without continuing post-employment services, or a counselor's professional judgment to discontinue services;
3. employment appears secure as determined by suitable work performance, job satisfaction, and acceptance in the employment setting with respect to employee benefits, and opportunities for job development and advancement;
4. employment continues at a suitable level in relation to the individual's potential and the locality and labor market, or potential can be realized by the individual's initiative.

## **PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 34)**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure and result of post-employment services.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS for Status 34. (See ARIMIS Manual)

## **CLOSED FROM POST-EMPLOYMENT TO BE REOPENED (STATUS 36)**

The counselor will close an individual's case in Status 36 when the counselor determines to reopen the individual's record of services (place in 02) to provide necessary VR services.

## **PROCEDURES – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED (STATUS 36)**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.

- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS for Status 36. (See ARIMIS Manual)
- Initiate a new Application (RS-4) and follow procedures for a new referral.

### **CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION (STATUS 38)**

This status is used to identify individuals eligible for VR who will not advance to Status 12 and whose names are being removed from the Service Delayed/Order of Selection list (Status 04).

### **PROCEDURES – CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS for Status 38. (See ARIMIS Manual)

### **CLOSED FROM POST-EMPLOYMENT (STATUS 39)**

An individual will be closed from post-employment when the individual cannot maintain employment.

### **PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 39)**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key ARIMIS for Status 39. (See ARIMIS Manual)

## IX. CASELOAD MANAGEMENT

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## **IX. CASELOAD MANAGEMENT**

### **CASELOAD MANAGEMENT**

The counselor accounts for case movement by using statuses. The counselor must make the initial entry from the Client Referral and Survey Information Document (RS-4). Thereafter, the counselor must update ARIMIS each time there is a status change. (See ARIMIS Manual)

### **CASE STATUS CLASSIFICATIONS**

#### Referral Status

00 Referral

#### Application Status

02 Applicant

#### Trial Work Experience/Extended Evaluation Status

06 Evaluation Status

#### Closures from Applicant (02)

08 Closed before, during, or after Evaluation

#### Closures from Trial Work Experience or Extended Evaluation (06)

08 Closed after Evaluation

### **ACTIVE STATUSES**

#### Pre-Service Statuses

04 Service Delayed/Order of Selection

10 Certificate of Eligibility Completed

12 IWRP Completed

#### Service Statuses

14 Counseling and Guidance only

16 Physical Restoration

18 Training

20 Ready for Employment

22 In Employment

24 Service Interrupted

## **CLOSURES FROM ACTIVE STATUS**

- 26 Closed Rehabilitated (After 90 days in Status 22)
- 28 Closed Not Rehabilitated AFTER IPE initiated (Status 14 through 24)
- 30 Closed Not Rehabilitated BEFORE IPE initiated (Status 10 through 12)
- 32 Post-Employment
- 38 Closed from Service Delayed /Order of Selection (closed from 04)

## **CLOSURES FROM POST-EMPLOYMENT SERVICES**

- 34 Employment Maintained
- 36 Placed back in 02
- 39 Other

RSA designed the VR Caseload Status System to aid the tracking of individuals as they progress through the service system. Because RSA uses a closed-case reporting system, only those status codes specifying the point in the VR process where the counselor closed an individual's case would apply (closure codes 08, 26, 28, 30 and 38).

## **STATUS 00 – REFERRAL**

Status 00 represents an individual who has been referred to VR with minimum information provided to the counselor. The individual has not made a request for services, but the counselor must place the individual in Status 00 if sufficient demographic information is available. Sufficient demographic information is name, SSN, address, and referral source.

ARIMIS will automatically drop this case from the system after 180 days.

## **STATUS 02 – APPLICANT**

Status 02 represents an individual's entrance into the VR process. When an individual signs a document requesting VR services, the counselor must place the individual into Status 02. At that point, the individual is considered an applicant after completing an Agency application form RS-4. However, the counselor may place an individual into Status 02 if the individual requests services with a signed letter and minimum basic referral information.

The counselor must place every case in Status 02 before authorizing diagnostic service(s). While the individual is in Status 02, the counselor investigates and secures sufficient information to determine eligibility for VR services or a decision to use Trial Work Experience or Extended Evaluation services. An individual can only remain in Status 02 for 60 days unless the counselor and applicant agree to a specific extension of time.

#### **STATUS 04 – SERVICE DELAYED/ORDER OF SELECTION**

The counselor moves an applicant into Status 04 when the Preliminary Assessment justifies writing a Certificate of Eligibility. However, the individual cannot receive services because the individual does not meet the Order of Selection priorities. The individual's name is placed on a waiting list for services until such time as the Agency has sufficient funds available to provide services. Placement of the individual's name on the waiting list for services indicates there will be a delay in the initiation of services for which the individual is otherwise entitled to receive.

An individual leaving this status will be moved to Status 12 to signify that services will be provided without further delay or will be closed status 38 at end of fiscal year.

#### **STATUS 06 – TRIAL WORK EXPERIENCE/EXTENDED EVALUATION**

When the individual's eligibility for VR services cannot be readily certified, the counselor moves the individual into Status 06. The counselor may provide services to the individual to determine there is clear and convincing evidence that the individual can benefit from the provision of vocational rehabilitation services in terms of an employment outcome or there is clear and convincing evidence that the individual is incapable of benefiting from vocational rehabilitation services due to the severity of disability.

ARIMIS will only allow 18 months in Status 06. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 10 or 08. The District Manager will forward the request to the Chief of Field Services.)

#### **STATUS 08 – CLOSED FROM EVALUATION**

Status 08 identifies all individuals not accepted for VR services whether closed from applicant Status (02) or Trial Work Experience or Extended Evaluation Status (06).

## **STATUS 10 – CERTIFICATION OF ELIGIBILITY**

The counselor moves an applicant into Status 10 when the Preliminary Assessment justifies writing a Certificate of Eligibility.

ARIMIS will only allow 90 days in Status 10. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 04, 12, or 30. The District Manager will forward the request to the Chief of Field Services.)

## **STATUS 12 – INDIVIDUALIZED PLAN FOR EMPLOYMENT**

After the counselor completes the comprehensive assessment, and the counselor and individual or representative agree on an IPE, the individual is moved into Status 12.

ARIMIS will only allow 90 days in Status 12. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, or 30. The District Manager will forward the request to the Chief of Field Services.)

## **STATUS 14 – COUNSELING AND GUIDANCE**

The counselor moves an individual in status 14 after completing an IPE, which outlines counseling and guidance services are necessary to prepare the individual for employment.

- 1) The service is necessary to prepare the individual for employment, or
- 2) A breakdown has occurred in the progress of the case after other services have been initiated and the counselor has determined that substantial counseling and guidance are essential to successful rehabilitation.

Counselors will not use Status 14 to reflect the counseling and guidance taking place while other services are being provided (i.e. training, physical restoration, etc).

ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manager will forward the request to the Chief of Field Services.

## **STATUS 16 – PHYSICAL AND/OR MENTAL RESTORATION**

The counselor moves an individual into Status 16 when the individual receives physical and/or mental restoration services as the primary service. Restoration services include medical, surgical, psychiatric, or therapeutic treatment, the fitting of prosthetic appliances, hospitalization, convalescent care or nursing services.

ARIMIS will only allow 90 days in Status 16. The counselor will justify in the case record for each 90- day period in Status 16. If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 18, 20, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)

## **STATUS 18 – TRAINING**

Status 18 is used when the individual begins receiving training services (i.e. training in a public or private school, employment training, training at any facility).

## **STATUS 20 – READY FOR EMPLOYMENT**

Status 20 is used when VR services have prepared the individual for gainful employment and the individual is ready to begin placement activities or the individual has been placed but has not yet begun employment.

ARIMIS will only allow 90 days in Status 20. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)

## **STATUS 22 – EMPLOYED**

Status 22 is used when the individual begins employment. To ensure adequacy of employment in accordance with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice, the individual must remain employed in Status 22 for a minimum of 90 days before the counselor can close the individual's case as achieving an employment outcome. (Status 26)

ARIMIS will only allow 12 months in Status 22. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, 24, 26, or 28. The District Manager will forward the request to the Chief of Field Services.)

## **STATUS 24 – SERVICES INTERRUPTED**

Status 24 is used when VR services are interrupted while in Status 14, 16, 18, 20, or 22. The individual will remain in Status 24 until the individual is able to return to one of the above-mentioned statuses or the individual's case is closed in Status 28.

## **STATUS 26 – CLOSED REHABILITATED**

Status 26 is used when the individual has achieved a suitable employment outcome described in the individual's IPE and has been maintained for a minimum of 90 days in Status 22.

An individual will not be closed in Status 26 more than once in any Federal fiscal year.

## **STATUS 28 – CLOSED NOT REHABILITATED AFTER IPE INITIATED**

Status 28 is used to close an individual's case from Statuses 14 through 24 when it has been determined the individual does not meet the criteria for Status 26 closure.

## **STATUS 30 – CLOSED NOT REHABILITATED BEFORE IPE INITIATED**

Status 30 is used to close a case from either Status 10 or 12.

## **STATUS 32 – POST-EMPLOYMENT SERVICE**

Status 32 is used when the need for post-employment services has been identified and planned to maintain the individual in employment. The purpose of this status is to avoid the necessity of reopening a case in order to provide a relatively minor service.

ARIMIS will only allow 18 months in Status 32. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 34,36, or 39. The District Manager will forward the request to the Chief of Field Services.)

**Post-employment services are expected to be of a one-time nature and not provided in excess of 18 months.**

Cases in Status 32 cannot be transferred.

## **STATUS 34 – CLOSED FROM POST-EMPLOYMENT**

Status 34 is used to close an individual's case when the individual maintains employment through the completion of planned services provided in Status 32.

## **STATUS 36 – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED**

Status 36 is used to close an individual's case from post-employment when the counselor determines the need to reopen the individual's case to provide necessary VR services. The case will be reopened in Status 02.

## **STATUS 38 –CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION**

Status 38 is used to identify individuals eligible for VR who will not advance to the Statuses (12 to 24) and whose names are being removed from the Service Delayed/Order of Selection list (Status 04).

## **STATUS 39 – CLOSED FROM POST-EMPLOYMENT/OTHER REASONS**

Status 39 is used to close an individual for any other reason for termination from post-employment services.

## **TRANSFER OF CASES**

### **CASES TRANSFERRED OUT**

Cases Transferred - will retain their status and the date of the transfer

A transfer will be made when an individual on a counselor's caseload in any status other than 22 permanently moves from one area to another counselor's area and requests a transfer. The transferring counselor will discuss the case with the receiving counselor. Status 22 cases will be transferred if the counselor believes this would be in the individual's best interest. Transfers will not be made during the same month the case is accepted and/or the IPE is completed and/or services are initiated.

### **CASES TRANSFERRED IN**

The receiving counselor will meet with the individual as soon as possible after receiving the case.

## **TRANSFER OF CASE TO DIVISION OF SERVICES FOR THE BLIND**

If an Individual needs services from Division of Services for the Blind, the counselor will close the VR case and provide information to DSB.

## **CASES TRANSFERRED IN FROM OTHER STATE REHABILITATION AGENCIES**

Cases cannot be transferred from other State Rehabilitation Agencies. Individuals moving from another state and requesting services from ARS will be treated the same as a new referral.

## **OPENING CLOSED CASES**

If an individual, whose case has been previously closed, requests services the counselor will follow the same procedures for new applicants (02).

Counselors **cannot** reopen cases in the same month in which they were closed.

**Exception:** When necessary to reopen a case in the same month in which it was closed, the counselor will submit a memorandum to the Chief of Field Services through the District Manager requesting the closure to be voided. The Chief of Field Services will notify the Counselor through the District Manager that the closure has been voided so the necessary services can be provided.

## **ANNUAL REVIEW OF CLOSED CASES – INELIGIBLE**

Refer to Closure VIII.

## **X. DEVELOPMENT, MAINTENANCE AND DESTRUCTION OF THE CASE RECORD**

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## **X. DEVELOPMENT, MAINTENANCE AND DESTRUCTION OF THE CASE RECORD**

### **RECORD OF SERVICE**

In accordance with Federal and State regulation, ARS will maintain case record documentation on each applicant or eligible individual. 34 C.F.R. § 361.47

A record of services will be established for each individual placed in Status 00 or 02 and maintained until the designated time when it may be destroyed. For each record of services, certain ARS forms, in addition to correspondence, reports, etc., are required at certain statuses to assure adequate casework during the rehabilitation process.

### **RECORD OF SERVICE DOCUMENTATION**

The primary purpose of documentation is to facilitate the counseling relationship by bringing into focus all the pertinent data about the individual. This enables the counselor to understand the individual, to counsel and help plan future adjustment, to help secure necessary medical, educational, and other rehabilitation services, and to assist in locating suitable employment.

It provides the information needed to establish a professional relationship with the individual. During early contacts with the individual, the documentation should emphasize history, present adjustment and environmental situation, and the objective measures of, or reports on, physical and mental capacities. This provides an informational basis for the counseling relationship and provides substantiation for planned programs of services.

Documentation provides continuity with respect to the information, the evaluations and the services provided in the case. In each interview or individual contact, the written record provides the point of departure from the last contact. Also, when there is personnel turnover or when more than one person participates in the development of the case, the record of services enables each participant to coordinate the work with that of the others.

Documentation contributes to sound thinking by the counselor. It does so in two ways. Since no record should reproduce everything said or done, the counselor is forced to be selective in what is recorded. While recording, information must be sifted and items selected that have the greatest significance in evaluating the individual's present capacities and adjustment, and in predicting how and in what area future adjustment

can be best facilitated. The writing of any diagnostic or evaluation summary calls for sound thinking. In these, the counselor records the individual's experiences, the evaluation placed on tests, examinations, behavior of the individual, and the proposed course of action.

The processing of work in accordance with existing policies and procedures is the counselor's responsibility. Case processing, filing, reporting, and recording must be performed with extreme care. Case documentation includes Agency forms, medical information, case narratives, post-operative reports, training reports, and other pertinent information related to the individual's rehabilitation program.

### **CASE FOLDER**

The individual's file is the official record of service. The case folder will contain all relevant correspondence, reports, forms, financial records and documentation of the individual's rehabilitation program. **The case folder will be maintained uniformly across the State.**

### **CASE FOLDER TAB**

**A LABEL WILL BE PLACED ON THE FOLDER TAB IN THE FOLLOWING FORMAT WITH THE INFORMATION AS SHOWN :**

Last name, First name, MI	Social Security Number
Street Address	Counselor # District Code
City, State, Zip	County Name County Code

### **FILING PROCEDURES**

All material will be filed chronologically with the most recent date on top. The first documents filed will be authorization/billings/cancellation needed during the diagnostic process. This is followed by IPE, additional authorization/billings and supplemental authorization/cancellations covered by the IPE and the Amendments.

The document on top will be the last authorization/billing, supplemental authorization/cancellation or IPE Amendment written.

## **INDIVIDUAL RECORD OF SERVICE FILING**

### **LEFT SIDE OF FOLDER**

- File in chronological order.
- Authorization/Billing/Cancellation for Services for diagnosis.
- IPE and Amendments (RS-600 A and C)
- Authorization/Billing/Cancellation for Services
- **Invoices from vendors should be attached to the corresponding ARS billing form.**

### **RIGHT SIDE OF FOLDER**

- The Checklist - will be kept on top until the case is closed. Case Cost Report will be filed on top.
- The Case Narrative will be kept in chronological order under the Check List.
- Other Material - The Certificate of Eligibility (RS-600-B(I)) and other material, including all forms, correspondence, training reports, etc. will be filed chronologically.

## **FILING SYSTEM**

The individual record of services in each office will be filed in secure confidential area and will be filed alphabetically in the following series:

- 1) Cases in Referral Status 00
- 2) Cases in Applicant Status 02
- 3) Cases in 04
- 4) Cases in EE Status 06
- 5) Cases in Accepted Status 10-24
- 6) Cases Closed Rehabilitated Status 26
- 7) Cases Closed from Referral Process Status 08
- 8) Cases Closed Not Rehabilitated AFTER Rehabilitation Program Initiated Status 28
- 9) Cases Closed Not Rehabilitated BEFORE Rehabilitation Program Initiated Status 30
- 10) Cases Closed from Services Delayed Status 38
- 11) Cases in Post-Employment Status 32
- 12) Cases Closed from Post-Employment Statuses 34, 36, 39
- 13) Closed SSI/SSDI (Trust Fund) cases which are requested for review for reimbursement will not be returned to the local office; therefore, a file must be created with name, address, Social Security number, and copy of the request.

## **DESTRUCTION OF RECORDS**

Individual's record of services will be destroyed in accordance with Federal and State regulations.

The District Manager must witness or be responsible for the destruction of the record of services. The record of services for all closed cases (Statuses 08, 26, 28, 30, 34, 36,38 and 39) are to be maintained for three (3) fiscal years after the case is closed.

**Exception:** Cases determined ineligible and subject to annual review from Statuses 08, 28, and 30 are to be maintained for three (3) years following the last annual review.

**NOTE: Status 00 cases that have reached the 180 days maximum and have been dropped from ARIMIS may be destroyed as soon as they are dropped from ARIMIS.**

## XI. RELEASE OF INFORMATION

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## **XI. RELEASE OF INFORMATION**

### **SAFEGUARDING INDIVIDUAL'S RECORD AND INFORMATION**

Employees are responsible for complying with the legal requirement to protect the confidential nature of information in individual case files, including all individual's identifying information contained in reports, lists, and other paper or electronic documents, and for prohibiting unauthorized access.

All personnel are to maintain a professional respect for the confidential nature of the data on individuals and refrain from indiscreet and/or casual conversation that might reveal to unauthorized persons information concerning individuals receiving services from ARS.

In accordance with federal and state regulation, the state will safeguard the confidentiality of all personal information. 34 C.F.R. § 361.38

### **RELEASING INDIVIDUAL'S INFORMATION**

Individual's information is released in only four situations:

- 1) when authorized by the individual,
- 2) in response to a valid subpoena, court order, or other legal process,
- 3) when directly connected with the individual's rehabilitation, or
- 4) in certain emergency and investigative circumstances which poses an immediate threat to the safety of the individual or others.

### **RELEASE TO THE INDIVIDUAL OR A REPRESENTATIVE**

When information is released to the individual or the individual's representative, personal information in the file obtained from another Agency or organization can be released only by, or under the conditions established by the other (external) Agency or organization. ARS must refer the individual to the source to obtain the information.

The counselor must make appropriate Agency information in the individual's case file accessible to the individual, or release it to the individual or representative, in a timely manner, when requested in writing by the individual, or by an individual authorized in writing by the individual to be the representative.

**XI-1**

A relative of the individual may not receive records without written authorization by the individual:

1. if the individual is a minor, the parent may be considered the authorized representative;
2. if a representative or legal guardian has been appointed by the court, information must be released to the court-appointed representative or guardian.

## **HARMFUL INFORMATION**

Medical, psychological, or other information the counselor believes may be harmful to the individual must not be released directly to the individual. Such information must be released through a representative designated in writing by the individual, who may include, among others, an advocate, a family member, or qualified medical or mental health professional.

## **RELEASE TO A COURT OR ADMINISTRATIVE BODY**

ARS may release the individual's information in response to an order, subpoena, or summons issued by a court or other judicial body under state or federal rules of civil or criminal procedure. The document may be signed by the judge, magistrate, administrative law judge or hearings officer, clerk of court, or by any official who is authorized by law to issue subpoenas.

## **RELEASE FOR A PURPOSE DIRECTLY CONNECTED WITH THE ADMINISTRATION OF THE INDIVIDUAL'S VR PROGRAM**

Provisions of the individual's IPE determine the scope of the individual's rehabilitation.

Releasing the individual's information for a purpose directly connected with the individual's rehabilitation usually poses no problem. This release does not legally require express or written consent from the individual.

When it is difficult to ascertain whether the purpose of the release is "directly connected with the individual's rehabilitation program," obtain a written authorization from the individual to provide information to an organization or individual.

## **RELEASE FOR RESEARCH OR EVALUATION**

Written authorization must be obtained from the individual to release information to the organization or person engaged in audit, evaluation, or research for a purpose that could significantly improve the quality of life for persons with a disability.

**XI-2**

## XII. REFUNDS/CONTRIBUTIONS

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## **XII. REFUNDS/CONTRIBUTIONS**

### **CURRENT YEAR REFUNDS**

The vendor should make the refund check payable to the Arkansas Rehabilitation Services. The check should carry the name of the individual. The refund and memorandum giving full information about the refund will be sent to the Chief of Field Services. A cancellation for the refunded amount will be keyed in ARIMIS. The amount will automatically be added into the counselor's allotment.

### **PRIOR YEAR REFUNDS**

The vendor should make the check payable to Arkansas Rehabilitation Services. The check should carry the name of the individual. All refunds will be sent to the Chief of Field Services. The refund and a memorandum giving full information about the refund will be sent to the Chief of Field Services. All prior year refunds are placed into the Arkansas Kidney Disease Commission allotment as required by state law. Prior year refunds do not require cancellations.

### **INDIVIDUAL'S CONTRIBUTION**

If an individual contributes to ARS toward the cost of any services or goods, the authorization will be written for the full amount of the service. The contribution amount will be recorded in the IPE (RS-600 A). All contributions, except HSRC cases, must be made by personal check, money order, or cashier's check payable to Arkansas Rehabilitation Services. The check, a memorandum giving the client's name, all pertinent information, and a Cancellation for the contribution amount will be sent to the Chief of Field Services. This amount will be credited to the counselor/area allotment balance. HSRC cases will make contributions to the Hot Springs Rehabilitation Center.

### **XIII. PRIOR APPROVAL**

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## **XIII. PRIOR APPROVAL**

### **PRIOR APPROVAL POLICY**

Prior approval is defined as "the rehabilitation program and other record of services materials are reviewed and approved by a District Manager before the services planned for are initiated." The District Manager will review all cases requiring prior approval. When the case is approved, the District Manger stamps or writes "Approved", dates and initials the upper right hand corner on all copies of the IPE and the authorization/billing form.

The State Office, a District Manager, or a counselor may request prior approval on a particular case, on types of cases, or on all cases. Such requests will be considered ARS policy.

### **PRIOR APPROVAL - NEW COUNSELORS**

A District Manager's prior approval is required on all cases during a new counselor's 12-month probationary period. Approval will be indicated on all:

- 1) Authorizations for diagnostic services exceeding \$200.00
- 2) Authorizations for other services
- 3) Certificate of Eligibility
- 4) Order of Selection
- 5) IPE and any Amendments
- 6) 08 closures from Status 02 and Status 06
- 7) 26 and 32 closures
- 8) 28 closures
- 9) 30 closures
- 10) 38 closures

### **PRIOR APPROVAL - STATE OFFICE**

The District Manager, after a detailed study of the case, will prepare a memorandum justifying the recommendation for an administrative review and approval. This, with the record of services, will be submitted to the Chief of Field Services.

## **XIV. DUE PROCESS**

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## XIV. DUE PROCESS

Due Process begins once an applicant/client makes a request verbally or in writing. The request starts the 60-day clock to complete steps 1-5 below. Due Process will normally progress in the following sequence:

STEPS	PROCEDURES
1	Applicant/client will discuss the issue(s) with the Counselor and ask for a decision in writing. The counselor will advise the applicant/client of the Client Assistance Program (CAP.)
2	If dissatisfied, applicant/client can ask for an informal administrative review from a District Manager.
3 Optional	Mediation process is available.
4	If dissatisfied, applicant/client can ask for an impartial hearing.
5	If dissatisfied, applicant/client can file civil action in court.

### IMPACT ON PROVISION OF SERVICES

Unless an applicant/client or their representative so requests, ARS shall not institute a suspension, reduction, or termination of services being provided for the individual (including evaluation and assessment services and plan development) while a decision through due process is pending. Such services can be suspended, reduced or terminated if obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual, or the individual's representative.

### NOTIFICATION OF RIGHTS

**NOTE: The applicant/client is notified of their rights at each step in the due process procedure.**

1. The right to be represented by an attorney, Client Assistance Program, parent or guardian, friend, relative, or any other representative of his/her choice.
2. **(NOTE: ARS cannot provide reimbursement for attorney's fee.)**
3. The right to present evidence and witnesses and to cross examine all witnesses and other relevant sources of information and evidence.
4. The right to prohibit the introduction of evidence not discussed at least five days prior to hearing.
5. The right to have reasonable accommodations: i.e. an interpreter/reader, if notice is given to ARS, at least **three (3) working days prior to the impartial hearing should be given in scheduling an interpreter.**
6. The right to a written report of the findings of fact and conclusions shall be provided to all parties within thirty (30) days of the hearing.

**XIV-1**

## **STEP 1 – DECISION OF COUNSELOR**

If an ARS staff member has any indication an applicant or client has a concern with ARS, they must inform their District Manager immediately. ARS staff may receive a verbal, e-mail or written request from an applicant, client or their representative, to appeal an ARS decision. If a verbal request is received, ARS staff will assure the correct form is completed. This may require the ARS staff to assist the applicant or client to fill out the appropriate form. The form must include the day of the verbal request. The counselor will advise the applicant/client of the Client Assistance Program (CAP.) All forms completed for appeal will immediately be given to the District Manager.

## **STEP 2 – INFORMAL ADMINISTRATIVE REVIEW**

The District Manager will schedule the Informal Administrative Review to be conducted within ten (10) days of initial date of request:

- 1) At a time and place convenient to the applicant/client (usually during business hours at the local ARS office), and
- 2) By a supervisory staff member who has no direct personal knowledge of the details involved in the matter and has not participated in the decision being reviewed.
- 3) The applicant/client will receive a decision in writing from the person conducting the Administrative Review within five (5) days following the review.

## **STEP 3 - MEDIATION POLICY (OPTIONAL)**

Mediation ensures that policy and procedures are established to allow that all ARS applicants/clients have the opportunity to resolve disputes through a mediation process. Mediation shall be available before a hearing is requested. Mediation is not used to deny or delay the right of an individual to a hearing or to deny any other right afforded in federal and state law or ARS Policy.

## **MEDIATION PROCEDURES**

### **Purpose**

This process allows an opportunity for parties, applicants or clients and Arkansas Rehabilitation Services (ARS), to resolve disputes involving the determinations that affect the provisions of vocational rehabilitation services.

Mediation is an informal, non-adversarial process whose objective is the encouragement and facilitation of a mutually acceptable agreement based on the parties self-determined needs, interest and values. All parties may present whatever evidence they wish in support of their position in a neutral setting. The process relies on the good faith efforts of the participants communicating together to reach their own agreement as to how the dispute should be resolved.

## **INFORMING APPLICANTS AND CLIENTS**

ARS is required, at the minimum, to inform in writing applicants, clients, or their representatives of mediation:

- 1) At the time an individual applies for vocational rehabilitation services.
- 2) At the time Order of Selection is utilized.
- 3) At the time an individualized plan for employment is developed.
- 4) At the time the individual is determined ineligible, or when services are reduced, suspended or terminated.

## **VOLUNTARY**

Mediation, in the Rehabilitation Act, is voluntary for both parties. At any time during the mediation process, either party or the mediator may elect to terminate the mediation. (See Due Process form WD) In the event that the mediation is terminated, either party may pursue resolution through an impartial hearing.

**IMPORTANT NOTE - (Once a request is made for any type of review, which may include mediation, the appeal process through an impartial hearing must be completed within 60 calendar days.)**

Mediation does not involve findings of facts or the strict weighing of evidence as a formal review process requires. Although mediation does not lead to fact finding, mediation participants should be prepared to describe the factual background behind the dispute and to discuss their desired outcome.

ARS participants must be prepared to describe the legal policy context around which the dispute arose, as well as factual details of the situation. All parties should be prepared to discuss and consider each other's viewpoints and be willing to cooperate in seeking a resolution acceptable to both parties. The focus of mediation is on resolution, not which party is right or wrong.

## **REQUEST FOR MEDIATION**

The form "Request for Mediation" is completed. Provide the consumer with the handout "Consumer Information on Mediation". The form on Request for Mediation is to be submitted from the District Manager to Chief of Field Services. If Chief of Field Services is unavailable, the form must be submitted to the Chief of Staff. The ARS Chief of Field Services and/or Chief of Staff will review the complete file of the individual requesting mediation within five (5) working days and determine whether the agency wishes to resolve the dispute through mediation process. If the issue can not be resolved through the mediation process, a certified letter will be sent to the applicant/client within five (5) working days informing them of their right to request an impartial hearing.

After reviewing the case file, the Request for Mediation form is sent to PPD&E to coordinate the mediation session. PPD&E staff assures the Due Process requirements are met and the applicant/client is informed of their rights during this process. The applicant or client has the right to be represented at the mediation session, although the mediator will encourage the individual to speak for themselves as much as possible to re-establish a relationship between the ARS staff and the individual. PPD&E is responsible for all Mediation forms after a request is received.

PPD&E staff communicates with the applicant/client, ARS staff, and mediator to establish a date, place, time, and who will participate in the session. These meetings will be set up as expeditiously as possible. PPD&E complete form "Mediation Scheduling." The required ARS staff needed for mediation may have to reschedule their appointments to be available on the day established.

## **AGREEMENT TO MEDIATE**

PPD&E staff is responsible for the completion of form "Agreement to Mediate" with signature by all parties.

## **MEDIATION WITHDRAWAL**

An applicant/client may withdraw from the Mediation Process at any time by completing the form "Cancellation of an Appeal."

## **MEDIATOR**

A pool of mediators is established through a Competitive Bid Process by the Program Planning, Development and Evaluation Section (PPD&E) and agreed upon by the Commissioner and the Rehabilitation Council. PPD&E keeps a list of mediators for

review by the applicant or client, so they can chose a mediator. PPD&E will present no more than five names of mediators and their qualifications to an applicant/client for their choice. If an applicant or client does not have a preference the mediator will be randomly selected from the available list. The mediator will be an independent qualified neutral third party facilitator.

## **MEDIATOR'S ROLE**

In mediation, decision-making authority rests with the parties agreeing to mediate. The mediator will set the stage that promotes a reasonable coming together in disclosure, understanding, trust, acceptance and cooperation as necessary for the parties to defend making decisions for settlement purposes. The role of the mediator, includes, but is not limited to, assisting the parties to identifying issues, facilitating communication, focusing the parties on their interests, maximizing the exploration of alternatives, and helping the parties reach voluntary agreements. The mediator may offer options for the parties to consider as settlement terms, but is not to recommend, judge, or impose settlement terms on the parties.

## **MEDIATION DAY**

What the parties can expect to happen:

- 1) Introduction of the parties involved and the mediator.
- 2) The mediator discusses their neutrality in the session and confidentiality for all parties involved.
- 3) The mediator discloses potential conflict of interest.
- 4) The mediator will set the ground rules for the session.
- 5) Open statements – Both parties will be afforded the opportunity to explaining their positions on why this session is being held.
- 6) The mediator will provide an opportunity for witnesses and/or evidence to be presented.
- 7) At any time during the process, the mediator may ask questions for clarification or to get more information. The mediator may allow the parties to ask clarifying questions of each other.
- 8) The mediator will provide a summary or feedback to the parties.
- 9) The mediator will facilitate the parties communication to develop wish list, options and or compromises for settlement agreement, which may require the mediator to hold private caucusing meetings with the separate parties.
- 10) The mediator will produce a written formal agreement with the assistance of the parties involve.

When reaching an agreement, all parties must have a clear understanding of what each will do in carrying out the agreement. The mediator will compose the agreement and ask the parties to sign a written mediation agreement (Final Mediation Agreement Form) before leaving the mediation session. The agreement will be implemented as soon as possible. After the agreement is initiated the PPD&E section will send a “ ARS Mediation Feedback Survey” form to the applicant/client, their representative, ARS staff involved and the mediator.

### **NO AGREEMENT REACHED**

The applicant or client has the right to request an Impartial Hearing by completing the form “Request for an Impartial Hearing”. **This form must be sent to the PPD&E Section immediately** due to the requirement to complete all appeals within 60-day time frame of the initial request.

For more information on these Procedures contact the PPD&E Special Program Administrator at Central Office 501.296.1620.

### **STEP 4 - IMPARTIAL HEARING POLICY**

Each applicant/client has the right for review, through an impartial hearing, of determinations made by ARS personnel that affect the provision of vocational rehabilitation services to applicants/clients. The Impartial Hearing will be completed no later than sixty (60) days from the date of initial request made verbally or in writing.

The Impartial Hearing will be conducted by an Impartial Hearing Officer (IHO). ARS will maintain a list of qualified impartial hearing officers, who are knowledgeable in laws and regulations relating to the provision of vocational rehabilitation services, from which the IHO will be selected. The IHO shall be selected on a random basis from a pool of qualified persons identified jointly by ARS and the Rehabilitation Council.

### **IMPARTIAL HEARING PROCEDURE**

When an applicant/client or his/her representative wishes to request an impartial hearing, he/she may do so by submitting a request in writing to the Commissioner, Arkansas Rehabilitation Services. The form “Request for Impartial Hearing” is completed. The request must be made no later than five (5) days of the administrative review decision.

When the Commissioner receives a request for an impartial hearing, the Program Planning, Development and Evaluation Section will request a copy of the client's file from the District Manager. If the request for a hearing has not been requested within the five-day timeframe, the District Manager should notify the Program Planning, Development and Evaluation Section. The Impartial Hearing will be completed no later than sixty (60) days from the date of initial request whether verbal or written.

The counselors case file will contain a memorandum summarizing the basis for the administrative review decision. It will also contain a statement of issues and a summary of all facts supporting the administrative review decision. All statements should be written in simple language. Ambiguous and technical words and phrases shall be avoided. The memorandum should be prepared in triplicate. The original memorandum is sent to the applicant/client, with a copy to the appropriate Rehabilitation Staff member, and a copy to the Program Planning, Development and Evaluation Section.

The applicant/client and/or his/her representative have the right to go to the local Rehabilitation office to review the client's record of services. The applicant/client will be advised of this fact by letter.

#### **IMPARTIAL HEARING WITHDRAWAL**

An applicant/client may withdraw from the Hearing Process at any time by completing the form "Cancellation of an Appeal."

#### **REQUEST FOR WITNESSES**

The applicant/client and/or representative will be advised in a certified letter with a return receipt requested, that he/she has ten (10) days to request witnesses in writing by mail, fax or email from the date of signature on the ARS certified mail receipt.

The District Manager must advise the Commissioner, at the time the hearing file is submitted, of any witnesses he/she wishes to appear in order to document the action or to support an administrative decision.

ARS may request the Attorney General office to issue a subpoena, if needed.

#### **SCHEDULING THE HEARING**

The Program Planning, Development and Evaluation Section will communicate with the applicant/client, ARS staff and the Impartial Hearing Officer to coordinate a date, time and place of the hearing. The scheduling letter advises the applicant/client of the time, date, place of hearing, and the name of the IHO who will conduct the hearing.

## **PLACE OF HEARING**

The hearing will normally be held in the local ARS office. It may be held in another location if requested by either party and approved by the Commissioner.

## **NON-ATTENDANCE AT HEARING**

If either ARS or the applicant/client requests that the hearing be rescheduled prior to the date of the hearing, a request may be made to the Commissioner, to determine if good cause for such a request exists. If good cause exists, the hearing can be rescheduled. If the applicant/client fails to appear for the hearing, and does not provide notice prior to the date of the hearing, the appeal may be dismissed at the discretion of the IHO. If an emergency arises, the applicant/client must justify in writing his/her reasons for non-appearance.

## **ARS RESPONSIBILITIES**

It is the responsibility of the Program Planning, Development and Evaluation Section to communicate with the District Manager to arrange for an office in which to conduct the hearing.

The appropriate ARS staff will be responsible for presenting ARS' case and answering any questions regarding the issue. The staff usually includes the Rehabilitation Counselor and/or the District Manager. The applicant/client and/or representative have the right to cross-examine the ARS representatives.

ARS may request legal assistance in preparing for the hearing by contacting the Arkansas Attorney General.

## **CONFIDENTIALITY REQUIREMENTS**

Arkansas Code 20-79-216 states that it is unlawful, except for purposes directly connected with the administration of ARS programs, to disclose the names or refer to the names of persons applying to receive services.

To ensure the confidentiality of a closed hearing, the IHO shall inquire if there is anyone present with whom the applicant/client is not familiar. Should an applicant/client indicate in the affirmative, the party in question will come forward, identify himself/herself and state the reason for his/her presence.

Should there be objection on the part of the applicant/client to the relevance of this person's attendance at the hearing, the IHO will have the responsibility to rule on the individual's presence.

**XIV-8**

## **CONDUCT OF HEARING**

The hearing will be conducted by the IHO. The IHO's responsibility is to maintain a professional atmosphere and to ensure the proceedings are conducted in a fair and impartial manner. The IHO will explain hearing procedures and swear in witnesses. The hearing shall provide both parties with the opportunity to be heard and to present their evidence and testimony. The applicant/client may have an attorney or representative present testimony on their behalf. An applicant/client may have his interpreter or personal care attendant present. The applicant/client or representative and ARS will be given the opportunity to present witnesses, offer evidence, and to cross-examine any witness or information introduce. The IHO can pose questions at any time during the proceedings. Questioning of all parties will be confined to the issue(s) involved. The IHO is to ensure only relevant information is permitted at the hearing. Arkansas Rules of Evidence will serve as general guidance as to the admissibility of evidence. The IHO shall not fraternize with either party prior to or during the hearing. Situations may occur in which a party wishes to approach the IHO to say something privately. This is not permissible and the IHO may need to explain that all facts are to be heard by both parties and will be accepted impartially. The IHO should provide for reasonable recesses in lengthy hearings.

## **IHO OPENING STATEMENT**

An IHO opening statement will include:

- 1) IHO self introduction and statement of impartiality,
- 2) function, role and authority,
- 3) confidentiality,
- 4) reason for hearing, and ;
- 5) citing of applicant/client request.

## **OPENING STATEMENT ON BEHALF OF BOTH PARTIES**

Both parties will state their name, whom they represent, and their address. Only one person shall make an opening statement on behalf of a party.

The ARS opening statement will be a summary of the applicant/clients rehabilitation case and the reason for any decisions made.

The applicant/clients opening statement will be a summary of his/her reasons for requesting a hearing and the issues related to this decision.

## **QUESTIONS FOR THE RECORD (ARS)**

- 1) If records, reports, and files were requested, were they made available?
- 2) Are copies available for the record?
- 3) Are all appropriate personnel in attendance?
- 4) Was applicant/client informed in writing that he/she has the right:
  - A. bring counsel, or client representative;
  - B. to provide witnesses;
  - C. to examine all ARS records upon which the Agency based its decisions;
  - D. to request that certain ARS personnel be present at the hearing and of their right to cross examine the Agency witnesses; and
- 5) the role of the IHO includes;
  - A. hearing both sides;
  - B. limiting evidence that is presented at the hearing to relevant information;
  - C. making a decision based on evidence presented; and
  - D. engage in fact finding.

## **QUESTIONS FOR THE RECORD (APPLICANT/CLIENT)**

- 1) Have you had an opportunity to examine your VR Record of Services, reports and files regarding your rehabilitation status?
- 2) Have you had an opportunity for an informal administrative review by the District Manager?
- 3) Have you had an opportunity to call witnesses?
- 4) Have ARS assured you that your rehabilitation status would not change until all proceedings were completed?

## **IHO DECISION**

The IHO will prepare the decision based on a comprehensive review of the information presented at the hearing. The format will consist of an Introduction, Findings of Fact, Conclusion of Law, and a Decision. The decision will be based on the provisions of the approved State Plan and the Rehabilitation Act. The decision of the IHO must be provided to the applicant/client within thirty (30) days from the date the hearing was conducted. A decision made through an impartial hearing shall be final.

## **STEP 5 - CIVIL ACTION**

An applicant/client who is not satisfied by the final decision from an impartial hearing may bring a civil action for review of such decision. The action may be brought in any State court of competent jurisdiction or in a district court of the United States of competent jurisdiction, without regard to the amount in controversy.

**ARKANSAS REHABILITATION SERVICES  
REQUEST FOR ADMINISTRATIVE REVIEW**

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Counselor \_\_\_\_\_ Counselor # \_\_\_\_\_

Please list the decision(s) you want resolved:

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I have been advised that I can seek assistance from the Client Assistance Program.

Disability Rights Center  
1100 N. University, Suite 201  
Little Rock, AR 72207  
Telephone: (501) 296-1775  
1-800-482-1174

\_\_\_\_\_  
Applicant/Client

\_\_\_\_\_  
Date

**ARKANSAS REHABILITATION SERVICES  
REQUEST FOR MEDIATION**

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Counselor \_\_\_\_\_ Counselor # \_\_\_\_\_

Please list the decision(s) you want resolved:

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I have been advised that I can seek assistance from the Client Assistance Program.

Disability Rights Center  
1100 N. University, Suite 201  
Little Rock, AR 72207  
Telephone: (501) 296-1775  
1-800-482-1174

\_\_\_\_\_  
Applicant/Client

\_\_\_\_\_  
Date

**ARKANSAS REHABILITATION SERVICES  
REQUEST FOR AN IMPARTIAL HEARING**

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Counselor \_\_\_\_\_ Counselor # \_\_\_\_\_

Please list the decision(s) you want resolved:

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I have been advised that I can seek assistance from the Client Assistance Program.

Disability Rights Center  
1100 N. University, Suite 201  
Little Rock, AR 72207  
Telephone: (501) 296-1775  
1-800-482-1174

\_\_\_\_\_  
**Applicant/Client**

\_\_\_\_\_  
**Date**

**ARKANSAS REHABILITATION SERVICES  
Agreement to Mediate**

This is an agreement between the Parties/their representative, Arkansas Rehabilitation Services (ARS) and \_\_\_\_\_, and mediator \_\_\_\_\_. This agreement governs the terms and conditions of the mediation and describes the process of mediation to be used by ARS, the applicant/client and the mediator in attempting to resolve the dispute regarding \_\_\_\_\_. The Parties voluntarily consent to participate in a good faith effort for mediating their dispute to a resolution of this matter. The Parties understand that any party may withdraw from the mediation at any time by notifying the mediator and all other Parties. The Parties and mediator agree as follows:

**1. The Mediation Process**

The mediator, who is qualified and knowledgeable in the area, will assist the Parties to resolve their dispute by helping them to communicate their needs and interests, to explore solutions and to reach an agreement satisfactory to both parties. The mediator will function as a neutral third party facilitator and will not decide the disputable issues or impose an agreement upon the Parties. The Parties understand the mediator is not going to act as an advocate or attorney for any party and each party has the right to have representation during the mediation. At the conclusion of the mediation session(s) the mediator will prepare a written mediation agreement for review and signature by all parties.

**2. Confidentiality**

The entire mediation process is confidential. The mediator agrees not to reveal any information conveyed by either party during private caucus sessions. The Parties, the mediator and all mediation participants agree not to disclose any information made by any Parties or their representatives, whether oral or written. This information includes, but is not limited to: offers, promises, statements made, or settlement terms made or rejected, evaluations regarding the parties, their good faith efforts, and in the case of mediation session being terminated before a resolution is achieved. No record (stenographic, written, electronic, video or otherwise) shall be made of the proceeding.

The Parties will not introduce communications made during the mediation session as evidence in any administrative, civil, judicial or other forum. Each Party will not subpoena the mediator, mediator assistants or mediator notes in

any subsequent investigation, action or proceeding arising out of this mediation session. The Parties acknowledges they have read and agrees abide by the confidentiality regulations found in 34 CFR § 361.38, and other applicable laws or regulations.

**3. Duties and Obligations**

When a settlement is reached, the Agreement shall be placed in writing. The Parties understand that no participant will be bound by anything said or done in mediation until there is a written settlement agreement is reached and executed (signed) by all Parties.

_____	Date	_____	Date
Applicant/ Client		Representative	
_____	Date	_____	Date
ARS Representative		ARS Representative	
_____	Date	_____	Date
Mediator		Other (Define Relationship)	
_____	Date	_____	Date
Other		Other	
_____	Date	_____	Date
Other		Other	
_____	Date	_____	Date
Other		Other	



**PPD&E FORM**

**FINAL MEDIATION AGREEMENT FORM**

Date: \_\_\_\_\_

Arkansas Rehabilitation Services (ARS) District Office: \_\_\_\_\_

Party Requesting Mediation: \_\_\_\_\_

In the matter of mediation between \_\_\_\_\_ and  
Arkansas Rehabilitation Services a final agreement has been reached.

We, the parties in this mediation, having been informed of the objective's of the mediation, the voluntary nature of this mediation and having had the opportunity to discuss all relevant issues of concern have voluntarily agreed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This agreement constitutes a full and final mediation agreement as to all issues arising out of this matter. This Agreement does not constitute an admission of wrongdoing on the part of any party. If the consumer is not satisfied, s/he may pursue a hearing.

\_\_\_\_\_  
Consumer or Representative (print and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
ARS Representative (print and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mediator

\_\_\_\_\_  
Date

**PPD&E FORM**

**MEDIATION SCHEDULING**

DATE:

TO: Names and addresses of all participants

FROM: Special Program Administrator

RE: Mediation Scheduled on (date and time)

This is to confirm your agreement to participate in a mediation session on (date and time) to discuss the issue(s) involving the people listed above. The length of each mediation session is different. Please plan to be at a mediation session for at least two hours. Under the standard practice, the mediators will first meet privately with each party. The parties should arrive at \_\_\_\_\_.

The mediation will take place at\_\_\_\_\_. The mediation session be held in the conference room.

At the mediation you will be able to ask the mediator questions about how mediation works. The mediator will complete the enclosed form and you will be asked to sign it.

If you have any questions before the mediation session or if you are unable to attend the mediation session as scheduled, please call 501.296.1620.

**This PPD&E form will be provided to any consumer who requests Mediation.**

## **CONSUMER INFORMATION ON MEDIATION**

**Q. What is mediation?** Mediation is an optional and voluntary process offered to clients of Arkansas Rehabilitation Services (ARS). It is a way to resolve concerns or disagreements about services and related issues. An impartial third party called a “mediator” helps you and your counselor to develop solutions to the concerns and to reach an agreement.

**Q. Do I have to do it?** No and not every concern or disagreement should go to mediation. The law offers it as an option before going into an impartial hearing. You and your counselor must both agree to go to mediation. ARS sees it as a tool to solve concerns or disagreements that might not need to go to a hearing. It is a proven way to resolve concerns or disagreements and improve the working relationships between individuals. It allows you to have serious input into the options to settle the concern or disagreement.

**Q. Who pays for it?** Arkansas Rehabilitation Services

**Q. Where does it happen?** You get to choose the location.

**Q. What happens if I need accommodations for my disability to participate?** You must inform ARS of your need. If the need is a disability accommodation ARS will assist you in locating the services and for paying for it. For example, if you need a sign language interpreter ARS can provide that need and/or pay for it.

**Q. Who can I bring?** You can bring someone to support you, a guardian, representative, advocate and witnesses. The advocate might be the Client Assistance Program (CAP) staff, a case manager, or a representative from a program you believe can help you to participate in the process. You have the right to bring witnesses. You have a right to have legal counsel at your own expense.

**Q. How does it work?** You request mediation from your counselor or their supervisor. You must complete and sign a form for mediation. Both you and your counselor or ARS must agree to mediation. Once everyone agrees to mediate, you are given a list of mediators to choose from. If for some reason you do not want to choose, a mediator is randomly selected from the list. Once the mediator is selected, ARS will contact you and set up the day, time and location of the mediation session that will be convenient for everyone involved.

**Q. What do mediators actually do?** Mediators are trained to encourage open communication in a confidential setting. The mediator assists the individuals with concerns or disagreements to a solution through different ways. Since there is no one method available to solve these concerns or disagreements, the mediator will be flexible in their approach to explore options and to respect the different individual personalities involved in the session.

**Q. Is mediation confidential?** In most instances, yes. There are situations, which may not be covered by confidentiality, but the mediator will explain those to you.

**Q. What do I get out of mediation?** If successful, a written agreement that states the solution to your concern or disagreement. This agreement may be used in the development of your Individualized Plan for Employment (IPE) or require a change in your present IPE.

Mediation Day - What the parties can expect to happen are:

- 1) Introduction of the parties involved and the mediator.
- 2) The mediator discusses their neutrality in the session and confidentiality for all parties involved.
- 3) The mediator discloses potential conflict of interest.
- 4) The mediator will set the ground rules for the session.
- 5) Open statements – Both parties will be afforded the opportunity to explain their position on why this session is being held.
- 6) The mediator will provide an opportunity for witnesses and/or evidence to be presented.
- 7) At any time during the process, the mediator may ask questions for clarification or to get more information. The mediator may allow the parties to ask clarifying questions of each other.
- 8) The mediator will provide a summary or feedback to the parties.
- 9) The mediator will facilitate the parties communication to develop a wish list, options and or compromises for settlement agreement, which may require the Mediator to hold private caucusing meetings with the separate parties.
- 10) The mediator will produce a written formal agreement with the assistance of the parties involved.

For more information contact the Special Program Administrator with Arkansas Rehabilitation Services Program Planning, Development and Evaluation Section at 501.296.1620.

## MEDIATOR GUIDELINES

(Adheres to the Arkansas Alternative Dispute Resolution Commissions Requirements for the Conduct of Mediation and Mediators and the ADR Guidelines for Mediators Skills and Qualifications.)

A mediator should not render a decision on the issues in dispute. The primary responsibility for the resolution of a dispute rests with the parties. A mediator may make suggestions, but all settlement decisions are to be made voluntarily by the parties themselves.

1. **Mediator Conduct** - A mediator should protect the integrity and confidentiality of the mediation process. The duty to protect the integrity and confidentiality of the mediation process commences with the first communication of the mediator, is continuous in nature, and does not terminate upon the conclusion of the mediation.
2. **Disclosure of Possible Conflicts** - Prior to commencing the mediation, the mediator should make full disclosure of any known relationships with the parties or their counsel that may affect or give the appearance of affecting the mediator's neutrality. A mediator should not serve in the matter if a party makes an objection to the mediator based upon a conflict or perceived conflict. If after commencement of the mediation the mediator discovers that such a relationship exists, the mediator should make full disclosure as soon as practicable.
3. **Neutrality/Impartiality** - A mediator should be neutrality/impartial toward all parties. If a mediator or the parties find that the mediator's neutrality/impartiality has been compromised, the mediator should offer to withdraw from the mediation process. Neutrality/Impartiality means freedom from favoritism or bias in word, action, and appearance; it implies a commitment to aid all parties in reaching a settlement.
4. **Mediator Qualifications** – Upon request, a mediator's qualifications and experience constitute the foundation upon which the mediation process depends; therefore, if there is any objection to the mediator's qualifications to mediate the dispute, the mediator should withdraw from the mediation. Likewise, the mediator should decline to serve if the mediator feels unqualified to do so.
5. **The Mediation Process** - A mediator should inform and discuss with the participants the rules and procedures pertaining to the mediation process. A mediator should inform the parties about the mediation process no later than the opening session.

At a minimum the mediator should inform the parties of the following:

- (1) the mediation is private (Unless otherwise agreed by the participants, only the mediator, the parties and their representatives are allowed to attend.);
- (2) the mediation is informal (There are no court reporters present, no record is made of the proceedings, no subpoena or other service of process is allowed, and no rulings are made on the issues or the merits of the case.); and
- (3) the mediation is confidential to the extent provided by law.

6. **Convening the Mediation** - Unless the parties agree otherwise, the mediator should not convene a mediation session unless all parties represented to the mediator possess the adequate authority to negotiate a settlement, and an adequate amount of time has been reserved by all to allow the mediation process to be productive. A mediator should not convene the mediation if the mediator has reason to believe that a *pro se* party fails to understand that the mediator is not providing legal representation for the *pro se* party.
7. **Confidentiality** - A mediator should not reveal information made available in the mediation process, which information is privileged and confidential, unless the affected parties agree otherwise or as may be required by law. A mediator should not permit recordings or transcripts to be made of mediation proceedings. A mediator should maintain confidentiality in the storage and disposal of records and should render anonymous all identifying information when materials are used for federal reporting, research, and educational or other informational purposes. Unless authorized by the disclosing party, a mediator should not disclose to the other parties information given in confidence by the disclosing party and should maintain confidentiality with respect to communications relating to the subject matter of the dispute. The mediator should report to ARS whether or not the mediation occurred, and that the mediation either resulted in a settlement or an impasse, or that the mediation was either recessed or rescheduled. In certain instances, applicable law may require disclosure of information revealed in the mediation process, such as: if a person is harmful to themselves or others. If confidential information is disclosed, the mediator should advise the parties that disclosure is required and will be made.
8. **Professional Advice** - A mediator should not give legal or other professional advice to the parties. In appropriate circumstances, a mediator should encourage the parties to seek assistance from a disability advocate, legal, or other professional advice before, during, or after the mediation process. A mediator should explain generally to *pro se* parties that there may be risks in proceeding without independent counsel or other professional advisors.

9. **Disclosure and Exchange of Information** - A mediator should encourage the disclosure of information and should assist the parties in considering the benefits, risks, and the alternatives available to them.
10. **Termination of Mediation Session** - A mediator should postpone, recess, or terminate the mediation process. This termination would exist if it is apparent to the mediator that the case is inappropriate for mediation or one or more of the parties is unwilling or unable to participate meaningfully in the mediation process or if the mediation process is being used to further illegal conduct.
11. **Agreements in Writing** - A mediator will assist the parties to reduce all settlement agreements to writing.

For more information review the Mediation Procedure, especially page 3 on the "Mediation Day - What the parties can expect to happen are."

**PPD&E Form**

**ARS Mediation Feedback Survey**

Please take a few minutes to answer some questions about the mediation session you have just finished. Your answers will help improve mediation for others in the future. ARS Program Planning, Development and Evaluation Section will analyze this survey. Your mediators will not see this form. Reports based on these surveys will not identify any individual. *Thanks for your help.*

Please circle the number that best answers the question for you.

	<b>Very dissatisfied</b>	<b>somewhat dissatisfied</b>	<b>somewhat satisfied</b>	<b>satisfied</b>	<b>very satisfied</b>	<b>no opinion</b>
Overall, how satisfied are you with today's mediation?	1	2	3	4	5	0
How satisfied are you with the assistance provided by the mediator?	1	2	3	4	5	0

	Not at all			a great deal		
How much did the other party(ies) understand your feelings and ideas today?	1	2	3	4	5	0
Did you get the information you wanted in the mediation?	1	2	3	4	5	0
Did you feel justice was done in the mediation?	1	2	3	4	5	0
Did you feel the agency accepted their responsibility in the mediation?	1	2	3	4	5	0
How appropriate is the agreement reached today? (Leave blank if there is no agreement.)	1	2	3	4	5	0
I would recommend mediation for similar cases in the future.	1	2	3	4	5	0

What was your role in the mediation?  
 ARS customer  
 Advocate  
 Other  
 Agency Staff

Questions required for federal reporting are:  
**Gender**  
 Female  
 Male  
**Race**  
 African American  
 Asian/Pacific Islander  
 Hispanic  
 Native American  
 Caucasian  
 Other \_\_\_\_\_

Today's date \_\_\_\_\_

**APPENDIX A  
FISCAL AND STATISTICAL CODES**

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Case Service Codes.....	A-1
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Classification of Disability Conditions and Causes.....	A-8
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## CASE SERVICE CODES

### SERVICES FOR INDIVIDUALS, STATUS 02 & 04

Assessment (Diagnostic).....	1110
Maintenance.....	1140
Personal Assistance Services	
Attendant Care.....	1170
Interpreter.....	1171
Reader.....	1172
Other Services.....	1190
Transportation.....	1191
Rehabilitation Technology	
Engineering.....	1197
Assistive Devices.....	1198
Assistive Services.....	1199

### SERVICES FOR INDIVIDUALS, STATUS 06

Assessment (Diagnostic).....	1210
Restoration Services (Physical or Mental)	
Surgery and Treatment.....	1221
Hospitalization and Convalescent Care.....	1222
Other Restoration Services.....	1223
Training	
College Textbooks.....	1230
College or University Tuition.....	1231
Other Academic (Elementary or High School).....	1232
Business School or College.....	1233
Vocational School.....	1234
On-the-Job Training.....	1235
Adjustment.....	1236
Miscellaneous.....	1237
Maintenance.....	1240
Family Members	
Child Care Services.....	1251
Training and Related.....	1252
Transportation.....	1253
Relocation.....	1254
Other.....	1255
Personal Assistance Services	
Attendant Care.....	1270
Interpreter.....	1271

Reader .....	1272
Other Goods and Services .....	1290
Transportation .....	1291
Rehabilitation Technology	
Engineering.....	1297
Assistive Devices .....	1298
Assistive Services.....	1299

**SERVICES FOR INDIVIDUALS, STATUS, 10-24**

Assessment (Diagnostic).....	1310
Restoration Services (Physical or Mental)	
Surgery and Treatment.....	1321
Hospitalization and Convalescent Care .....	1322
Other Restoration Services.....	1323
Training	
College Textbooks .....	1330
College or University Tuition .....	1331
Other Academic (Elementary or High School) .....	1332
Business School or College .....	1333
Vocational School .....	1334
On-the-Job Training.....	1335
Adjustment.....	1336
Miscellaneous .....	1337
Supported Employment Services.....	1338
Maintenance .....	1340
Family Members	
Child Care Services .....	1351
Training and Related .....	1352
Transportation.....	1353
Relocation.....	1354
Other.....	1355
Personal Assistance Services	
Attendant Care.....	1370
Interpreter .....	1371
Reader .....	1372
Other Goods and Services .....	1390
Transportation .....	1391
Rehabilitation Technology	
Engineering.....	1397
Assistive Devices .....	1398
Assistive Services .....	1399

**POST-EMPLOYMENT SERVICES, STATUS 32**

Assessment (Diagnostic)..... 1410

Restoration Services (Physical or Mental)

    Surgery and Treatment..... 1421

    Hospitalization and Convalescent Care ..... 1422

    Other Restoration Services..... 1423

Training

    College Textbooks ..... 1430

    College or University Tuition ..... 1431

    Other Academic (Elementary or High School) ..... 1432

    Business School or College ..... 1433

    Vocational School ..... 1434

    On-the-Job Training ..... 1435

    Adjustment..... 1436

    Miscellaneous ..... 1437

Maintenance ..... 1440

Family Members

    Child Care Services ..... 1451

    Training and Related ..... 1452

    Transportation..... 1453

    Relocation..... 1454

    Other..... 1455

Personal Assistance Services

    Attendant Care..... 1470

    Interpreter ..... 1471

    Reader ..... 1472

Other Services..... 1490

Transportation ..... 1491

Rehabilitation Technology

    Engineering..... 1497

    Assistive Devices ..... 1498

    Assistive Services ..... 1499

## SPECIAL PROGRAM CODES

None.....	000
Social Security Disability Beneficiary/Trust Fund (SSDI).....	001
Veteran.....	002
Annual Review/Ineligibility Determination.....	004
Migratory Agricultural Worker.....	010
Project With Industry Program .....	020
Brain Injured.....	040
Deaf/Blind.....	100
Supplemental Security Income (SSI).....	200
Significantly Disabled .....	400

## PROGRAM CODES

<b>Independent Living/ODHI</b> - Case service expenditures for applicants/individuals Who meet Title F- financial eligibility requirements .....	20
<b>Supported Employment Program</b> .....	34
<b>Welfare to Work (TEA)</b> .....	38
<b>Supplemental Security Income</b> - Case Service expenditures for Supplemental Security Income beneficiaries will be charged to this account for tracking purposes only.....	45
<b>Trust Fund</b> - Case Service expenditures for Social Security Disability Insurance beneficiaries will be charged to this account, for tracking purposes only.....	46
<b>Independent Living Rehabilitation Services</b> .....	77
<b>Hot Springs Rehabilitation Center</b> - The intent of this program is to provide for emergencies and other unusual type situations that might occur to Agency individuals in Rehabilitation Centers and to provide for interpreter services for the deaf and hearing impaired and reader services for the blind and visually impaired who will be receiving Center services. Only those expenditures that are not normally planned for or anticipated when an individual enters a Center should be charged to this program. In most instances, authorizations for such expenditures will be initiated by a Center counselor. Expenditures on "Program" cases will be charged to the program, i.e., Trust Fund (46), Supplemental Security Income (45), for tracking purposes only .....	95
<b>Sheltered Workshop (Provisional Certification)</b> - Cost of services, work adjustment training, etc. provided by a sheltered workshop that has a provisional certificate by ARS.....	96
<b>Sheltered Workshops</b> - Cost of services, work assessment, extended services, work adjustment training, etc. provided by a sheltered workshop that has been certified by ARS.....	97

**Supplemental Funding Sheltered Workshops** - Special appropriation to be billed separately with work assessment and work adjustment training. No authorization is needed; it will be completed in the Central Office ..... 98

**Other (All Services Not Identified Above)** - All other Case Service expenditures will be coded 99 ..... 99

**FISCAL CODES**

General Agency VR Services..... 02

ODHI VR Services..... 11

ODHI Independent Living Title F-..... 20

Supported Employment Services ..... 34

Independent Living Rehabilitation Services..... 77

## **CLASSIFICATION OF DISABLING CONDITIONS AND CAUSES**

The General Agency cannot serve blind or visually impaired cases as a primary disability.

### **CODES FOR IMPAIRMENTS**

00 No impairment

### **SENSORY/COMMUNICATIVE IMPAIRMENTS:**

- 01 Blindness
- 02 Other Visual Impairments
- 03 Deafness, Primary Communication Visual
- 04 Deafness, Primary Communication Auditory
- 05 Hearing Loss, Primary Communication Visual
- 06 Hearing Loss, Primary Communication Auditory
- 07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
- 08 Deaf-Blindness
- 09 Communicative Impairments (expressive/receptive)

### **PHYSICAL IMPAIRMENTS:**

- 10 Mobility Orthopedic/Neurological Impairments
- 11 Manipulation/Dexterity Orthopedic/Neurological Impairments
- 12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
- 13 Other Orthopedic Impairment (e.g., limited range of motion)
- 14 Respiratory Impairments
- 15 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 16 Other Physical Impairments (not listed above)

### **MENTAL IMPAIRMENTS**

- 17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
- 18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 19 Other Mental Impairments

### **CODES FOR CAUSES/SOURCES OF IMPAIRMENTS**

- 00 Cause unknown
- 01 Accident/Injury (other than TBI or SCI)
- 02 Alcohol Abuse or Dependence

- 03 Amputations
- 04 Anxiety Disorders
- 05 Arthritis and Rheumatism
- 06 Asthma and other Allergies
- 07 Attention-Deficit Hyperactivity Disorder (ADHD)
- 08 Autism
- 09 Blood Disorders
- 10 Cancer
- 11 Cardiac and other Conditions of the Circulatory System
- 12 Cerebral Palsy
- 13 Congenital Condition or Birth Injury
- 14 Cystic Fibrosis
- 15 Depressive and other Mood Disorders
- 16 Diabetes Mellitus
- 17 Digestive
- 18 Drug Abuse or Dependence (other than alcohol)
- 19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
- 20 End-Stage Renal Disease and other Genitourinary System Disorders
- 21 Epilepsy
- 22 HIV and AIDS
- 23 Immune Deficiencies excluding HIV/AIDS
- 24 Mental Illness (not listed elsewhere)
- 25 Mental Retardation
- 26 Multiple Sclerosis
- 27 Muscular Dystrophy
- 28 Parkinson's Disease and other Neurological Disorders
- 29 Personality Disorders
- 30 Physical Disorders/Conditions (not listed elsewhere)
- 31 Polio
- 32 Respiratory Disorders other than Cystic Fibrosis or Asthma
- 33 Schizophrenia and other Psychotic Disorders
- 34 Specific Learning Disabilities
- 35 Spinal Cord Injury (SCI)
- 36 Stroke
- 37 Traumatic Brain Injury (TBI)

## COUNTY CODE LIST

Arkansas .....	01	Logan .....	42
Ashley .....	02	Lonoke .....	43
Baxter .....	03	Madison.....	44
Benton.....	04	Marion .....	45
Boone.....	05	Miller.....	46
Bradley .....	06	Mississippi.....	47
Calhoun.....	07	Monroe .....	48
Carroll.....	08	Montgomery .....	49
Chicot.....	09	Nevada.....	50
Clark.....	10	Newton.....	51
Clay.....	11	Ouachita.....	52
Cleburne.....	12	Perry.....	53
Cleveland .....	13	Phillips.....	54
Columbia .....	14	Pike .....	55
Conway .....	15	Poinsett .....	56
Craighead.....	16	Polk .....	57
Crawford.....	17	Pope.....	58
Crittenden.....	18	Prairie.....	59
Cross.....	19	Pulaski.....	60
Dallas .....	20	Randolph.....	61
Desha.....	21	Saline .....	62
Drew.....	22	Scott .....	63
Faulkner .....	23	Searcy .....	64
Franklin .....	24	Sebastian .....	65
Fulton .....	25	Sevier .....	66
Garland .....	26	Sharp.....	67
Grant .....	27	St. Francis .....	68
Greene .....	28	Stone.....	69
Hempstead.....	29	Union.....	70
Hot Spring .....	30	Van Buren .....	71
Howard.....	31	Washington .....	72
Independence .....	32	White .....	73
Izard .....	33	Woodruff.....	74
Jackson .....	34	Yell .....	75
Jefferson .....	35		
Johnson.....	36		
Lafayette .....	37		
Lawrence.....	38		
Lee .....	39		
Lincoln.....	40		
Little River .....	41		

Effective Date 10-10-02

## **MASTER LIST OF CASES**

ARS accounts for all cases of a counselor by using the Master List. The Master List records the service status and closure status of each case.

### **INSTRUCTIONS**

The counselor can print a master list from the ARIMIS system.

**APPENDIX B  
SPECIAL PROGRAMS**

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Small Business Enterprise Program.....	B-10
Association of Rehabilitation, Industry and Business, Inc. ....	B-11
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## TICKET TO WORK

The following guidelines will assist the VR counselor in the use of the SSA Ticket to Work program. The Ticket Program and the payment mechanisms built into the program should not influence the rehabilitation counseling process. Decisions regarding services to be provided by ARS should not be impacted by the individual's decision to assign or not assign the Ticket to ARS.

### INTAKE

During the intake process the counselor will identify if the individual is a SSI/SSDI recipient. If the individual is an SSI/SSDI beneficiary the counselor will ask if the individual has received a Ticket.

#### **(1) If the individual has a Ticket:**

- The counselor will discuss assignment of the Ticket **during the intake process**. If the individual brings the Ticket, the counselor will call Maximus toll-free #1-866-968-7842/TDD 1-866-968-2967 to verify that the individual has a valid ticket to assign. If valid, the counselor will retain the Ticket and keep it in the individual's file.
- The counselor will refer the individual to the ARS Benefits liaison using the Benefits Planning Referral Form for counseling regarding the potential impact of an employment plan on their benefits and medical coverage.
- The counselor will complete the ARS Ticket Assignment Registration Form and forward to the ARS Ticket Administrator. A copy of the Ticket Assignment registration form will be retained in the case file.

#### **(2) If the individual does not have a Ticket or does not know if they have a Ticket:**

- The counselor will call Maximus toll-free #1-866-968-7842/TTD 1-866-968-2967 to verify if the individual has a valid Ticket to assign. If the counselor is unable to verify if the individual has a Ticket, the counselor should contact the ARS Ticket Administrator for assistance.
- If the ticket is verified, the counselor will complete the ARS Ticket Assignment Registration Form and forward to the ARS Ticket Administrator. A copy of the Ticket Assignment registration form will be retained in the case file.
- The counselor will refer the individual to the ARS Benefits Liaison using the Benefits Planning Referral Form for counseling regarding Ticket options and the potential impact of an employment plan on their benefits and medical coverage.
- If the individual chooses to assign the Ticket to ARS, they will be referred to an ARS VR Counselor.

**B-1**

- If the individual chooses not to assign the Ticket to ARS, but would like to receive ARS VR services, the individual will be referred to an ARS VR Counselor.
- If the individual chooses not to assign the Ticket to ARS, and does not want to receive ARS VR services, the individual will be referred to an ARS VR Counselor and the case will be closed Status 08.

## PLAN COMPLETION AND PAYMENT METHOD

When the counselor and individual complete and sign the IPE, Forms 1365 and 1366 are also completed, and the reimbursement payment method option is chosen.

### 1) The individual assigns the Ticket to ARS:

- **Pilot Payment Program:** The District Manager in each ARS Field Office will designate one VR counselor to Pilot the Milestone Payment System under the Ticket in that office.
- All VR counselors, with the exception of the Pilot counselor, will designate the Cost Reimbursement Payment System, when completing the Form 1365 for an individual under the Ticket Program.
- The Pilot VR counselor will choose between the options of Cost Reimbursement or Milestone Payment System when completing the Form 1365 using the following criteria:
  1. If the individual is an SSI or both SSI/SSDI recipient, always select the Cost Reimbursement method.
  2. If SSI recipient only, consider the following questions: Will the case be open 5 or more years? Is the individual 55 years or older? Will the estimated costs of services exceed \$10,000 or more?
  3. If any of the above applies, **choose Cost Reimbursement**; if not, choose **Milestone Payment option**.
- The IPE will be developed following verification of contact with a Benefits counselor.
- Complete Ticket Assignment Forms (1365 and 1366) and forward to the ARS Ticket to Work Program Administrator.
- The Ticket should be kept in the individual's case file along with a copy of the Ticket Assignment forms (1365 and 1366).

### 2) The individual does not want to assign the Ticket to ARS:

- The counselor will notify the ARS Ticket Administrator indicating the individual does not want to assign the ticket to ARS. The counselor should document this

- information on the ARS Ticket Assignment Registration Form in the case file. Under this circumstance, ARS can still apply to SSA for Traditional Reimbursement.
  - The ARS counselor will encourage the individual to assign the Ticket to ARS. The counselor should stress the benefit of the protection associated with the Continuing Disability Review with the Ticket. The funds received through the Ticket program can be used by ARS to provide services to other individuals.
- 3) The individual has assigned the Ticket to a provider that is in a joint Employment Network with ARS:
- The ARS counselor or the provider will complete a Ticket Assignment Form and forward it to the ARS Ticket Administrator.
  - The ARS counselor will determine the payment system to be used for this individual in consultation with the provider.
  - If the individual is not a current ARS open case, the Ticket should still be assigned to ARS and forwarded to the ARS Ticket Administrator. The provider will complete a vocational plan and submit the plan and forms (1365 and 1366) and the Ticket to the local VR office.
- 4) The individual has assigned the Ticket to a provider not in an Employment Network with ARS:
- The ARS counselor will encourage the individual to reassign the Ticket to ARS under the following circumstances:
    1. The individual is dissatisfied with the other Employment Network's services.
    2. The individual is not receiving any significant services from the other Employment Network.
  - If the individual chooses to keep the Ticket assigned with the other Employment Network, the ARS counselor will complete a Ticket Assignment Registration form indicating which Employment Network is holding the Ticket and forward it to the ARS Ticket Administrator.

**TICKET TO WORK FORM 1365  
SEE FORMS FOLDER**

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**Effective Date 10-10-02**

**TICKET TO WORK FORM 1365 BACK PAGE  
SEE FORMS FOLDER**

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**Effective Date 10-10-02**

**TICKET TO WORK FORM EXTRA  
TO BE DETERMINED**

**B-6**

**Effective Date 10-10-02**

**TICKET TO WORK FORM EXTRA  
TO BE DETERMINED**

## **REHABILITATION INITIAL DIAGNOSIS AND ASSESSMENT FOR CLIENTS (RIDAC)**

RIDAC is a support unit for the Field Program. Its goal is to provide diagnostic services to counselors working with individuals during the initial stages of case development and planning. Services are provided at the RIDAC Office, local field offices, or a setting arranged by the counselors and/or District Managers. Services include general medical examinations, mental health assessments, psychological and vocational evaluations, case consultation, and technical assistance. To expedite the evaluation process, the counselor should make every effort to secure existing information. To the extent that existing data does not describe the current functioning of the individual, is insufficient, or inappropriate to make an eligibility determination, additional assessment may be requested. 34 C.F.R. § 361.42

### **PROCEDURES – RIDAC REFERRAL**

- Complete the RIDAC Service Authorization. It is very important the referring counselor indicate any assessment problems or questions to be addressed. In addition, necessary accommodations related to mobility, vision, hearing, etc. should be identified. During the course of the evaluation RIDAC staff will address identified problems or questions. If other evaluation concerns are discovered, they will be evaluated to determine if the identified concern could have an impact on the success of the rehabilitation program. If a general medical examination is requested, complete the top portion of the general medical form and attach it to the RIDAC Service Authorization.
- If existing information is available, a consultation with the appropriate RIDAC staff can be obtained to review the existing data. The RIDAC staff person will complete the consultation form.
- Contact the individual responsible for scheduling in the local office to obtain an appointment. Once the appointment has been obtained, the RIDAC Service Authorization and, if appropriate, the general medical form should be given to the individual responsible for scheduling RIDAC appointments in the local office. If possible, previous psychological testing, mental health reports, medical records, etc., should be made available for review by the evaluation team.

- The referring counselor is responsible for notifying the individual of the RIDAC appointment and providing directions to the evaluation site as well as other pertinent information. If the individual fails to report as scheduled, the RIDAC Service Authorization will be returned to the referring counselor documenting the individual's failure to report. To reschedule, follow procedures as outlined above.

The RIDAC program has a goal of returning evaluations completed within 10 work days or less from the time the individual is seen. However, when specialized evaluations are completed that require individualized evaluation, for instance neuropsychological limitations, the report time will likely be extended.

## **SMALL BUSINESS ENTERPRISE PROGRAM**

A self-employment situation is sometimes the best rehabilitation program that can be developed with an eligible individual. Assistance with the purchase of occupational tools, equipment and initial stocks may enable an individual to reach a self-employment outcome rather than working for a wage or salary in a competitive situation. Any expense beyond \$5000 for Small Business Enterprise cases must be justified with clear and convincing evidence of need and must be submitted to the Chief of Field Services through the District Manager for approval.

### **PROCEDURES – SMALL BUSINESS ENTERPRISE PROGRAM**

Eligibility is determined and the case is placed in Status 10.

- Counselor will consult with the District Manager as soon as a case is determined to need Small Business Enterprise services.
- The SBE Consultant is used to facilitate a SBE case and will be given a copy of the RS-4 and a memo summarizing the case, including medical and psychological information.
- The SBE Consultant will provide technical information concerning the development of the small business plan, information about contacting the Small Business Administration and how to access information and training in the local area, and the availability of other resources.
- The consultant will prepare a small business assessment of the project, which will be presented to the counselor and district manager.
- If the counselor and client agree, the Small Business Plan will be presented to the District Manager for approval.
- The DM must approve the SBE plan before services can be authorized.
- The DM will review all Small Business Programs and may require an on site inspection.
- The DM must approve the IPE and purchase order where the expense is beyond \$1000.
- The DM must approve any request beyond \$5,000 and will forward any request to the Chief of Field Services for approval.
- The counselor will develop the IPE with the individual.
- The counselor will follow all agency guidelines, purchasing policy, and procedures.
- The counselor is responsible for the supervision of the case and provision of services.
- The counselor must assure all local ordinances and regulations are followed.

# **ASSOCIATION OF REHABILITATION INDUSTRY AND BUSINESS, INC**

## **EMPLOYMENT SERVICES**

### **PROJECT GOAL**

The overall goal of this proposal is to provide intensive employment services to individuals with significant disabilities and to help these individuals into employment that meet their aspirations and are related to current and future labor market needs. This includes employment that offers salaries above minimum wage and with opportunities for advancement and promotion. The individuals referred to the project will be from all disability classifications. All persons served through this project will be classified as significantly disabled and as such difficult to employ. Services under this proposal will also emphasize assisting minorities (African Americans, Hispanic, American Indian, Asian Americans, etc.) in finding satisfying jobs.

### **GOALS**

- 1) ARIB shall maintain a statewide employer database.
- 2) A minimum of ten new employer contacts per month into database in addition to recording their regular monthly contacts. Use the employer contact form when making new contacts with employers.
- 3) Copies of Employer Contact forms will be submitted with Employment Specialist weekly report.
- 4) Maintain an Employer (BAC) Advisory Board in each community served. These members will include Businesses, Community Leaders, and Unions etc.
- 5) Employment Specialist will submit weekly reports to District Managers and ARIB Executive Director. ARIB Executive Director shall submit a monthly report to the Chief of Field and a quarterly financial report to the Special Program Administrator. These reports shall include:
  - A. List of names of referrals
  - B. Document names of direct placements
  - C. Including copies of new employer contacts and number of new employers entered in the database each month. The employer contact forms submitted each month should match the information placed in the database.
  - D. Number of contacts per consumer. Document in a case narrative these contacts to whom, when, why and the results, action or inaction from the contact on a weekly log.
  - E. Number of consumers who interviewed for jobs and the number of interviews per consumer.
- 6) Employment Specialist will maintain resources in the community that assist clients to apply for, interview for and complete a job search. If this is not

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- 7) available in the community, Employment Specialist will initiate, develop and provide special projects in each office including, but not limited to job clubs and employability skills training classes.
- 8) Employment Specialist will maintain a resource room in each field office with employer information posted and computers for clients to use in search for employment via the internet.
- 9) ARIB will maintain a Business Leadership Network web page to promote qualified applicants to employers and continue a database of e-mail address of business contacts.
- 10) ARIB will incorporate the current performance evaluation recommendations to be submitted by ARS to assure the revisions are consistent with the following duty areas: Direct Job Placement, Follow-up Reporting, Special Projects and Relationships/Community Involvement.
- 10) ARIB will notify the Chief of Field Services and the District Managers immediately when any position is vacated and when the position is filled. ARS will only fund positions that are currently filled.
- 11) ARIB Employment Specialist shall submit a monthly report to the ARIB Executive Director and the District Managers by the 5<sup>th</sup> working day of each month. Placement Specialist monthly report shall include:
  - A. Number of referrals received from ARS.
  - B. Number of contacts made to employers or potential employers.
  - C. Number of consumers placed on a job, type of employment, hour and wages.
  - D. Number of consumers successfully employed for 90 days.
  - E. Number of consumers employed six (6) months.
  - F. Number of consumers closed unsuccessfully placed/closed and why.
- 13) ARIB Executive Director shall submit a monthly report to the Chief of Field Services by the 10<sup>th</sup> working day of each month that includes copies of each Employment Specialist Report. This report must include:
  - A. A summation of activities completed under the goals and objectives set out above and in the grant proposal
  - B. Payment may be withheld for failure to submit monthly reports.
- 14) ARIB Executive Director shall submit a quarterly progress report to the PPD&E Special Program Administrator by the 10<sup>th</sup> working day that includes a financial report of detailed expenditures and program activities. Payment may be withheld for failure to submit quarterly reports.

**ASSOCIATION OF REHABILITATION INDUSTRY AND BUSINESS, INC  
FORM (SEE FORMS FOLDER)**

**ASSOCIATION OF REHABILITATION INDUSTRY AND BUSINESS, INC  
FORM (SEE FORMS FOLDER )**

## **DEAF ACCESS EMPLOYMENT CENTER**

A person's independence often hinges on the opportunity and ability to be employed. For persons with a hearing impairment, (this includes hard of hearing, deaf/blind, and hearing) employment may be more difficult because of employer attitude, individual communication problems, or lack of adequate job skills.

In an effort to help individuals overcome these obstacles, Arkansas Rehabilitation Services (ARS) Deaf ACCESS Employment Center program is open to anyone with a disability that imposes an impediment to employment and who has a reasonable chance of becoming independent as a result of receiving service.

**Following a diagnostic evaluation, eligible persons with an Individual Plan for Employment (IPE) on file with their Vocational Rehabilitation Counselor, may receive one or more of the following services:**

- Counseling and guidance to determine the most suitable and expeditious way to gain employment and independence.
- Physical restoration, which may include medical and surgical treatment, physical and occupational therapy, and appliance (hearing aids, assistive listening devices, glasses and other technology as appropriate). The aim is to remove or substantially reduce the individual's disability as an impediment to employment and/or independence.
- Schooling and vocational training may be provided at accredited trade or business school, college or university. Training in several vocational fields is also available at the Career Training Institute at the Hot Springs Rehabilitation Center.
- Additional services available at the Employment Center include training in interviewing skills, filing out job applications, and developing resumes. Computers are available to assist a person with a disability conduct on-line job searches. If necessary, assistance is also provided in working out any problems that may develop. Employment staff also works with employers and employment agencies to secure suitable employment for persons with a disability.
- Interpreter services are provided by staff members or through contractual arrangements with free-lance interpreters.
- Support Services Provider (SSP) is provided for deaf/blind people through contractual arrangement.
- Support Staff provide special services upon request by staff and customers. This may include helping consumers who cannot type or use computers to do resumes, job search on-line, help staff to solve computer problems, etc.

## **DEAF OUTREACH CENTER**

The Deaf Outreach Center (DOC) is a rehabilitation services mental health program, which specializes in services to people with hearing disabilities. Established in 1984, DOC was funded by a three-year special federal grant through the Department of Education funds from the Arkansas Rehabilitation Services Office for the Deaf and Hearing Impaired. Since October 1, 1987, DOC has been funded by the state as a service component offered by Arkansas Rehabilitation Services. The program provides direct client diagnostic and treatment services, educational and training services, and consultation services.

### **CONSUMER SERVICES**

Direct individual and family counseling, crisis and psychiatric intervention, and psychological and intellectual assessment are available. The person needing services must be deaf or hard of hearing, or the person needing services has a member in the family who is deaf or hard of hearing, and the individual needing services is a potential candidate for vocational rehabilitation services. Services are affected by factors such as level of treatment need and geographical location; and, in cases where DOC staff cannot meet needs of the consumer, a referral is made to treatment programs that may be more appropriate.

### **EDUCATIONAL AND TRAINING SERVICES**

Various types of training are available to people who are deaf or hard of hearing; parents of people who are deaf or hard of hearing; professionals in the rehabilitation, mental health, deafness-related, legal or educational fields; and, employers/potential employers of people who are deaf or hard of hearing. This includes in-service training for employers/potential employers on a variety of topics, dissemination of the latest information on a variety of related topics, group or individualized training for customers with a hearing disability, and a library loan service (books, videotapes, and audio tapes).

### **CONSULTATION SERVICES**

The Deaf Outreach Center staff is available for consultation to assist other individuals, businesses, or agencies with various issues, e.g., how to better serve deaf consumers, crisis intervention, and obtaining additional resources or information about hearing disabilities.

## **CLIENT ASSISTANCE PROGRAM**

The Client Assistance Program (CAP) is operated by an agency designated by the Governor and is independent of any agency that provides treatment, services, or rehabilitation to individuals under the Rehabilitation Act.

The purpose of the Client Assistance Program is to:

- 1) Provide an information and referral service to rehabilitation clients and applicants.
- 2) Assist clients and applicants in relationships with projects, programs, and facilities providing VR services.
- 3) Assist, upon request from the client or applicant, in pursuing legal, administrative, and other remedies available to ensure the protection of their rights under the Rehabilitation Act.

CAP can advise the ARS of identified problems, problem areas in the delivery of VR services to persons with disabilities and suggest methods and means of improving the delivery of services.

## **INCREASING CAPABILITIES ACCESS NETWORK**

### **INFORMATION**

ARS operates a major information clearinghouse known as ICAN, Increasing Capabilities Access Network. ICAN has a collection of rehabilitation and disability information filed in hard copy form and databases. The largest subset of information in the collection is concerned with assistive devices and products; therefore, the collection contains many catalogs, manufacturers' specification sheets, product development reports, brochures, and the like. In addition, information on Federal and State laws, the American with Disabilities Act, referral services and government agencies is also on file. Information may be obtained at no cost by using the State toll-free telephone number (1-800-828-2799), calling long distance (1-501-666-8868), writing a letter, or visiting the ICAN Office, 2201 Brookwood, Suite 117, Little Rock, AR 72202.

### **EQUIPMENT EXCHANGE**

ICAN has established a statewide Equipment Exchange. The Exchange provides individuals with an opportunity to sell, donate, trade or loan assistive technology that they are no longer using. It offers other individuals an opportunity to acquire assistive equipment that they may not otherwise be able to afford. The Exchange also provides individuals with an opportunity to advertise for equipment that they are needing. The Exchange is a FREE service.

The Equipment Exchange is a computerized service that is updated quarterly and mailed to over 200 consumer groups, state agencies, ARS counselors, Children's Medical Services Nurses, Special Education teachers, non-profits and others. The Exchange is also on two bulletin boards, as well as, published quarterly in the ICAN Update Newsletter. Persons may contact the Equipment Exchange by calling ICAN.

### **EQUIPMENT LOAN AND RECYCLING PROGRAM**

ICAN has established a statewide clearinghouse for assistive technology. This technology library or equipment closet serves as (1) an avenue for recycling equipment that is no longer needed, (2) a source for securing new technology to test before purchasing particular items, (3) a source from which to borrow or rent equipment while waiting for ordered equipment to be obtained, and (4) a source for long-term loans/rentals of technology.

The program will include a variety of new and recycled non-medical devices, such as computers, augmentative communication devices, non-medical adaptive devices,

environmental controls, switches, independent living devices, and more. Larger equipment, such as wheelchairs, hospital beds, walkers, crutches, standing frames, and other equipment is available for recycling or try-out. Recycled equipment may be loaned for a pre-determined length of time. Demonstration equipment will be available for short periods of time.

## **SUCCESSFUL EMPLOYMENT THROUGH ASSISTIVE TECHNOLOGY (SEAT)**

### **REFERRAL AND ASSESSMENT PROCESS**

#### **REFERRAL**

The Successful Employment Through Assistive Technology (SEAT) is the application of assistive technology services and devices in work, education, or home environment to improve an individual's independence with respect to work, thus increasing the vocational marketability. The SEAT Program will accept referrals for assistive technology consultation/assessment. SEAT will offer this service across the state at a location convenient to the individual and as approved by the Counselor. SEAT is intended to provide ARS Counselors with an additional option for obtaining assistive technology consultations/assessments. SEAT is a joint effort of HSRC and Special Programs.

There is no charge to the Counselors for this service.

The SEAT Program will make the referral from widely available via computer access in a format that facilitates electronic transmission.

The request for a SEAT consultation/assessment must be made through the individual's ARS Field Counselor.

The ARS Field Counselor will complete and forward the SEAT Referral Form (Appendix E) with relevant medical, evaluation, and psychological reports. The referral and other requested information is faxed, mailed or emailed to the SEAT Director.

#### **CONSULTATION/ASSESSMENT**

SEAT will conduct consultations/assessments for determining the appropriate assistive technology for successful employment and/or education. The consultation/assessment will be conducted in the most integrated setting appropriate.

The SEAT Team will review all requested data before determining the type of consultation/assessment needed to determine the appropriate technology. To the extent existing data is unavailable, insufficient or inappropriate in describing the current functioning of the individual, additional assessments may be necessary. If additional assessments are necessary, SEAT will identify a source for the needed assessments that are beyond their capability to provide.

The SEAT Team will complete the consultation/assessment and provide written recommendations, which will include a plan for technology interventions. In addition, projected/estimated costs of interventions as well as appropriate service providers will be identified. The SEAT Program will work with the Counselor and Customer to identify potential similar benefits.

## **FOLLOW UP SERVICES**

Follow up services by the specific SEAT Team will be conducted to determine use and impacts of technology devices and services.

## **REFERRAL PROCEDURES FOR SUCCESSFUL EMPLOYMENT THROUGH ASSISTIVE TECHNOLOGY (SEAT)**

- 1) Counselor completes assistive technology referral form off K drive.
- 2) Counselor forwards assistive technology referral form to ICAN Director.
- 3) ICAN Director reviews assistive technology referral form and contacts counselor for any additional information. (ARS Application Form, Initial Case Narrative, demographic information, IPE)
- 4) ICAN Director provides name and identifying information to Similar Benefits Coordinator to explore any similar benefit not identified, such as Medicaid, Medicare, Waivers, etc.
- 5) ICAN Director assigns team, designates team leader, and contacts counselor for referral clarification. Team leader contacts counselor and customer and targets possible evaluation dates.
- 6) Team completes functional assistive technology evaluation or consultation.
- 7) Team verbally communicates findings of assistive technology evaluation or consultation to counselor.
- 8) Team Drafts report. Original report is mailed to the counselor; copy of all information is given to the ICAN Director for assistive technology files.
- 9) Team Leader reviews assistive technology evaluation report with counselor. If customer has questions Team Leader will contact customer and address issues.
- 10) Team members, in coordination with counselor, determine follow-up needs.
- 11) Team Leader writes follow-up report after each follow-up, sends to counselor, and attaches to file in the ICAN Directors office.

## **TELECOMMUNICATIONS ACCESS PROGRAM (TAP)**

The Telecommunications Access Program (TAP) was established by Act 501 in 1995 as amended by Act 530 of 2001. It is a statewide equipment distribution loan program for disabled Arkansans to receive equipment necessary to be able to communicate on the telephone. Any individual who has a disability that impairs the ability to effectively use a standard telephone to access the telecommunication network may apply for the program. Eligibility is based on Arkansas residency, proof of residential telephone service, certification of disability by an approved certifier, and consideration of financial need. Approved individuals are eligible for one adaptive equipment system to provide access to basic telecommunication.

Interested individuals must complete the TAP application form and submit any additional information the program deems necessary to determine an applicant's eligibility. This information is also used to determine the adaptive equipment which best meets each eligible individual's needs. Individuals determined eligible must sign an agreement to follow TAP rules.

All information is maintained confidential and TAP follows the ARS appeals process. Additional information and application forms may be obtained from TAP, 2201 Brookwood Dr., Suite 117, Little Rock, AR 72202 or by calling (501) 686-9694 TTY only; (501) 686-9693 V/TTY, 1-800-981-4463 V/TTY, or 1-800-828-2799.

## **ARKANSAS TRANSITION PROGRAM**

### **TRANSITION SERVICES**

The term transition services means a coordinated set of activities for a student, designed within an outcome-oriented process, that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adults services, independent living, or community participation. The coordinated set of activities shall be based upon the individuals student's needs, taking into account the student's preferences and interest, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation. 34 CFR §361.22(a)(2) provides that, if the student is determined eligible for VR services, the student's IPE should be developed as early as possible during the transition process but no later than when the student exits the school setting.

### **PROCEDURES FOR TRANSITION SERVICES**

#### **Age 14 or before:**

Arkansas Rehabilitation Services will provide informational services and brochures regarding ARS services to any student, parent or guardian, special education teacher or other school official.

#### **Age 16 or before:**

The ARS counselor will meet with the special education teachers on a yearly basis to discuss potential referrals for ARS services. A meeting will be scheduled to discuss students in the 11<sup>th</sup> grade to determine recommendations for referral to ARS before the end of the junior year.

#### **Before Graduation:**

The ARS counselor will receive referral from the special education teacher no later that October of the senior year. All referrals will be accepted using the Arkansas Transition Referral Form 410. In addition to the referral form, the teacher will submit copies of school records, psychological evaluations and the ARS Informed Consent signed by the parent or guardian (if the referral is under the age of 18). The school will submit any additional information that is pertinent and useful in assisting the ARS counselor to determine eligibility and assist the student and the counselor in identifying, selecting and pursuing appropriate career objectives.

The ARS counselor will complete an application at the earliest date possible upon receipt of the transition referral form and supporting documents. The ARS counselor must determine eligibility for services and ensure the development and approval of the Individualized Plan for Employment (IPE) by the time the student leaves the school setting. 34 CFR §361.22 and 361.45

If the ARS counselor is unable to complete the vocational assessment to determine eligibility within 60 days of application, (due to missed appointments) the counselor must notify the special education teacher or other official as soon as possible to enable the special education teacher to resume the IEP planning process.

The ARS counselor will follow established procedures for referral, application, eligibility determination and IPE development consistent with informed choice.

### **RESPONSE LETTERS FOR TRANSITION REFERRALS:**

- 1) ARS Transition Information Packet
- 2) Rehabilitation Services

In order to have a reasonably predictable statewide response to Transition Referrals and to make the process as easy as possible, it is suggested that each office adopt the following format for use as cover letters for the **ARS Transition Information Packet** (Sample Letter 1) and for **Rehabilitation Services** (Sample Letter 2).

The complete packet should include:

- 1) A cover letter (Sample Letter 1)
- 2) One copy of the ARS Procedure on Referrals for Students in Transition
- 3) One copy of the ARS "TRANSITIONS" Information on Vocational Rehabilitation Programs sheet
- 4) ARS Order of Selection Information for Transition Services sheet
- 5) An ARS Agency Brochure and Handbook
- 6) Other requested information, i.e., HSRC, ODHI, Client Choices, etc.,
- 7) A Counselor's Business Card

## **SAMPLE LETTER 1**

Date

Student Name

Address

City, State, Zip Code

Dear Student's name:

Thank you for asking about vocational rehabilitation services. Throughout Arkansas, we help eligible persons, become employed and independent in their daily lives.

Agency customers may be offered a wide variety of services that can prepare them for employment. To help you understand more about what vocational rehabilitation services means, we are sending data explaining many rehabilitation services and programs in Arkansas. Please talk with your parents and teachers about your plans. We want you to be familiar with vocational rehabilitation services so you can make better decisions about the next few years.

Once again, thank you for contacting our agency. I hope the enclosed data will be helpful to you. We look forward to possibly working with you later, as you prepare for adult life.

Sincerely,

Counselor

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## **ARKANSAS REHABILITATION SERVICES ORDER OF SELECTION INFORMATION FOR TRANSITION SERVICES**

### **CATEGORIES:**

- 1) Individuals with the Most Significant Disabilities
- 2) Individuals with Significant Disabilities
- 3) Individuals with Non-Significant Disabilities Needing Multiple Services
- 4) Individuals with Non-Significant Disabilities

**WHAT IS ORDER OF SELECTION?** If ARS is unable to provide rehabilitation services to all eligible individuals, the agency will operate under an order of selection. Individuals with the most significant disabilities have first priority when it comes to services that require the expenditure of money

**WHAT ARE SOME OF THESE SERVICES?** Counseling, guidance, career exploration, physical restoration, college or vocational training, supported employment, job placement, and follow up services.

**WHAT IS A SIGNIFICANT DISABILITY?** One that seriously limits a person's ability to move, communicate, take care of themselves or relate well with other people. Must impact employability.

**WHY HAVE THIS POLICY?** ARS doesn't have enough money to serve all eligible people with disabilities who apply. Therefore, the law says we have to give first priority to people with the most significant disabilities.

**WHO DECIDES IF I'M SIGNIFICANTLY DISABLED?** The ARS Counselor makes this decision.

**WILL I AUTOMATICALLY QUALIFY FOR PAID-FOR SERVICES IF MY DISABILITY IS LISTED UNDER THE DEFINITION OF SIGNIFICANTLY DISABLED?** No

Significance of disability is only one factor used to determine eligibility for paid-for services. All applicants must be evaluated and must meet several criteria before eligibility is determined.

**WHAT IF I DON'T HAVE A SIGNIFICANT DISABILITY, YET STILL WANT PAID-FOR SERVICES?** Contact your local ARS office, talk to a counselor and complete all paperwork. This way eligibility will already be determined if money does become available.

**WHAT IF I DISAGREE WITH THE DECISION?** You may appeal the decision.

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## **SAMPLE LETTER 2**

Date

Student Name

Address

City, State, Zip Code

Dear Student's Name:

We recently received a Transition Referral Form from the Individual Education Plan (IEP) Team at your High School showing that you may be interested in learning about how vocational rehabilitation services might be helpful to you.

The purpose of Arkansas Rehabilitation Services is to assist persons who are eligible for our services to become employed and independent in their daily lives. Eligible persons may be offered a wide variety of services that can prepare them for employment.

In order to find out more about how vocational rehabilitation services can personally help you, call me at (\_\_\_\_\_) within the next two weeks. I will be happy to set up a personal appointment so we can discuss your future and how Arkansas Rehabilitation Services may be able to help you.

Sincerely,

Counselor

## **DISABILITY MANAGEMENT PROGRAM**

ARS' Disability Management Program is intended to achieve a win-win situation that addresses the reciprocal, economic, and humanistic needs of the true stakeholders in disability management—employers and employees.

Common interests that can be achieved through an effective program include important outcomes such as preventing and reducing the risks of injury and illness, mitigating the damages associated with injury and illness, retaining productivity, effectively using human resources and health care services, improving financial security, avoiding adversarial relationships, and achieving the goals of disability legislation.

ARS' Disability Management Program focuses on workplace prevention and remediation strategies that seek to prevent disability from occurring or, lacking that, to intervene early following the onset of disability, using coordinated, cost-conscious, quality rehabilitation services that reflect an organizational commitment that encourages return to work for employees with disabilities.

One of the most effective strategies utilized within disability management is the implementation of an early Return-to-Work Program. A Return-to-Work Program is an employer-sponsored program designed to assist an employee who is recovering from injury or illness in the individual's return to work as soon as it is safe and medically feasible. By utilizing transitional employment an employee whose condition is stable enough to endure some work activity can return to the work place and perform those work tasks the individual is capable of completing. An employee is assigned specific work tasks the individual can perform taking into account physical and/or emotional restriction. Accommodations that can be offered during the transitional work period include reduced work hours, modified work tasks, or entirely different jobs. The objective of a Return-to-Work Program is to provide a safe and gradual return of the employee to full, regular employment. Upon request, ARS disability management staff will assist an employer in the development of Return-to-Work Program policy and procedures, program implementation, and follow-up.

Referrals to the ARS Disability Management/Return-to-Work Program should be directed to the Program Administrator. Referral information should include the following:

- The name/phone number/address of the referral (employer and/or employee)
- Employer contact person (if available), and the Employee's disability (if indicated)

# **ARKANSAS KIDNEY DISEASE COMMISSION**

## **HISTORY AND LEGISLATIVE AUTHORITY**

The Arkansas Kidney Disease Commission was established by the General Assembly of the State of Arkansas through Act 450 of 1971 to establish a program for the care and treatment of persons with chronic renal disease; to establish a State Kidney Disease Commission to administer the program; and for other purposes.

## **LEGISLATIVE FINDINGS AND PURPOSE**

It was found that one of the major problems facing medicine and the public health and welfare was the lack of an adequate program to assist in the treatment and cure of persons with chronic kidney disease. It is estimated that a number of citizens of this State are confronted with chronic kidney disease, requiring complicated and expensive treatment, which is often beyond the financial resources of the individual. There is a critical shortage of adequate facilities within the State for the discovery, evaluation, diagnosis, treatment, and cure of individuals with acute or chronic kidney disease. In order to provide for the care and treatment of persons with acute or chronic kidney disease, and in order to encourage and assist in the development of adequate treatment facilities for persons with acute or chronic kidney disease, it is essential that the State develop a program of financial assistance on a continuing basis to aid in defraying a portion of the cost for the care and treatment of chronic renal disease.

## **POWERS AND DUTIES OF THE COMMISSION**

The Commission shall have the following functions, powers, and duties:

- 1) To establish a program to assist persons with acute or chronic renal failure in obtaining care and treatment requiring dialysis. The program shall provide financial assistance as determined by the Commission for persons who are unable to pay for the services on a continuing basis without causing unjust and unusual hardship to the individual and the immediate family, including, but not limited to, a drastic lowering of the standard of living for person with chronic renal diseases who require life-saving care and treatment
- 2) To develop standards for determining eligibility for assistance in defraying the cost of care and treatment of renal disease under this program.
- 3) To cooperate with hospitals, private groups, organizations, and public agencies in the development of positive programs to bring about financial assistance and support of evaluation and treatment of individuals with chronic kidney disease.

- 4) To cooperate with the National and State Kidney foundations, and with medical programs of the State and Federal Government, for the purpose of obtaining the maximum amount of Federal and private assistance possible in support of a kidney disease treatment program.
- 5) To establish criteria and standards for evaluating the financial ability of persons with chronic renal disease to pay for their own care, including the availability of third-party insurance coverage, for the purpose of establishing standards for eligibility for financial assistance in defraying the cost of such care and treatment from funds appropriated to the Commission for renal disease treatment purposes.
- 6) To accept gifts, grants, and donations from private sources, from municipal and county governments, and from the Federal Government, to be used for the purposes of the Act in defraying costs incurred by persons with acute or chronic renal disease who are unable to meet the total cost of the life-saving care and treatment for renal disease.

## **SERVICES AND PROGRAMS**

Arkansas Kidney Disease Commission will utilize funds for medical care, pre-transplant dental services, psychological services, and pharmaceutical drugs.

### **OUTPATIENT MEDICATION**

The Arkansas Kidney Commission assists with paying for a limited amount of kidney disease related prescriptions.

### **MEDICAL SERVICES**

The Arkansas Kidney Disease Commission pays 80% of kidney disease related medical treatment (\$5,000 limit) during the Medicare three month waiting period or when there is no other coverage.

### **DENTAL SERVICES**

The Arkansas Kidney Disease Commission assists with dental charges when a dental problem jeopardizes the health and treatment program outlined by the renal specialist and may be covered only for the purpose of transplantation.

### **PSYCHOLOGICAL SERVICES**

The Arkansas Kidney Disease Commission covers psychological evaluations and treatment, not covered by other sources, when the physician in charge of the End Stage Renal Disease patient, recommends services.

## **TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA)**

**A contract has been established between Arkansas Rehabilitation Services and the Department Of Human Services to provide vocational rehabilitation services to eligible recipients of the Transitional Employment Assistance Program.**

### **PROCEDURES**

1. The VR Counselor receives a referral from DHS on Form 3350, Consent Form and any existing medical information. Whenever possible, existing medical records should be used to expedite the assessment process. With this information the counselor will schedule an initial appointment.
2. TEA recipient keeps appointment, completes an application or initial assessment by the counselor.
3. If a TEA referral refuses to apply for services, the counselor will document and communicate this information to the DHS caseworker on the DHS 3350 and provide a Declaration Statement form signed by the referral.
4. If an application is taken, the recipient may be referred to RIDAC for an evaluation, additional evaluations or to a Medical Specialist, if needed for eligibility determination.
5. If a TEA applicant is scheduled for additional evaluations or referred to a vendor for services, such as the CRP or HSRC, along with the Authorization for services and/or appropriate referral forms, ARS will send the ARS/TEA Vendor/Service Provider Letter with the pre-stamped ARS addressed postcard to the vendor/service provider.
6. If the postcard is received from the Vendor/Service Provider, record the information on under the No Show box in the TEA database and notify DHS of the no show status.
7. If TEA recipient does not keep the initial appointment with ARS, ARS will notify DHS using an ARS/TEA No Show letter or procedure established by the local level within two working days. DHS will be responsible for rescheduling to ensure the tea recipient shows. (See revised No Show Form Letter). If the caseworker is unsuccessful in getting the client in for a second appointment, ARS will return the referral to DHS by documentation on DHS 3350 or by the procedure established at the local level. DHS will allow a maximum of two scheduled appointments. Any exceptions due to extenuating circumstances will be established on the local level.
8. ARS has 60 days from the completion of an application to complete the assessment process and determine whether the TEA recipient is eligible or ineligible for services

9. Information on No Shows to DHS will be completed at the State Office on a monthly basis.
10. DHS will notify ARS if a TEA referral's case is closed at any time due to non-compliance.

## **ELIGIBLE FOR SERVICES**

1. Eligibility Certification completed, which includes a summary of the assessments used to determine eligibility and sends a copy of the certificate to DHS within 10 working days of completion.
2. After the IPE is completed, a copy is to DHS within 10 working days. (The Eligibility Certificate and IPE can be sent together).
3. The IPE shall at the minimum include:
  - Determination of the specific employment outcome and goal.
  - Service initiation and projected completion dates
  - General Employment information (e.g. estimated starting salary, relocation options and job demand).
  - Criteria for evaluation of progress toward employment outcome/goal.
  - Services required in achieving an employment outcome/goal by type of service, service provider, and method to procure the service and cost estimates. (FYI: This is ARS policy per 1998 regulations.)
4. After the IPE is completed and the TEA recipient is referred to a vendor (CRP, training program, etc.) ARS will send the ARS/TEA Vendor Form Letter with a pre-stamped ARS addressed postcard to the Vendor.
5. If the postcard is received from the Vendor/Service Provider, record the information on under the No Show box in the TEA database and notify DHS of the no show status.
6. Services delivered and the TEA recipient receives job placement. DHS is informed in writing of where the recipient is employed, wage and number of hours working. (FYI: DHS considers 30 hours per week as an employment outcome.)
7. ARS must track employed TEA recipients for 6 months to be considered employed by DHS. According to the VR regulations, 26 closures can be closed after 90 days as successfully employed. (FYI: The 1998 Rehabilitation Act Amendments require ARS to submit data on employment retention for a period of 6 and 12 months. Reference Section 101-(10) (C) (iii) (II). (See example of letters.)

## **INELIGIBLE FOR SERVICES**

1. Certificate of Ineligibility is completed which includes a summary of the assessment used to determine ineligibility and a copy of the certificate is sent to DHS within 10 working days of completion.
2. ARS will conduct an annual review of cases closed ineligible based only on a finding that the individual is incapable of achieving an employment outcome.

(FYI: VR regulations Sec.361.43 Procedures for ineligibility determination.

(e) Review within 12 months and annually thereafter if requested by the individual or, if appropriate, by the individual's representative any ineligibility determination that is based on a finding that the individual is incapable of achieving an employment outcome. This review need not be conducted in situations in which the individual has refused it, the individual is no longer present in the State, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal.

**ARKANSAS REHABILITATION SERVICES  
TRANSITIONAL EMPLOYMENT ASSISTANCE  
DECLARATION STATEMENT**

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

The Arkansas Department of Human Services has referred you to Arkansas Rehabilitation Services for assistance in helping you get a job. In order to assist you in obtaining employment, it is necessary that we complete an application for services and provide necessary diagnostic services.

If you decline to apply, this information will be forwarded to your Department of Human Services caseworker.

YES, I want to apply for rehabilitation services.

NO, I do not want to apply for rehabilitation services.

Comments:

\_\_\_\_\_  
Signature:

**Example Vendor/Service Provider letter.**

Date

Vendor  
Address  
City, State Zip

Dear (Vendor):

Arkansas Rehabilitation Services is in need of your assistance to assure individuals with disabilities are receiving the services, we offer them. The most valuable assistance you could provide us is by sending the enclosed postcard to us if this individual chooses to cancel or not show for your services.

This information will assist us by giving individuals every opportunity to participate with our vendors and to work on skills related to keeping appointments.

Thank you for the providing services to individuals referred from Arkansas Rehabilitation Services.

Sincerely,

**Vendor/Service Provider postcard.**

Name of Consumer\_\_\_\_\_

Date/Time of Appointment\_\_\_\_\_

No Show\_\_\_\_\_

Cancelled \_\_\_\_\_

Rescheduled (Date/Time)\_\_\_\_\_

**Example No Show letter.**

Date

Department of Human Services  
Address  
City, State Zip

Dear (Caseworker):

This letter informs DHS of a no show appointment of (date/time) for (TEA recipients name)\_\_\_\_. DHS can assist ARS to provide the best possible service by rescheduling the next appointment at time where you can attend this meeting with the DHS TEA recipient.

Thank you for assisting us to serve TEA recipients in the most expedited manner to begin the journey to employment.

Sincerely,

VR Counselor

**APPENDIX C  
FACILITY PROGRAMS**

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## **HOT SPRINGS REHABILITATION CENTER (HSRC)**

### **MISSION**

To assist individuals with disabilities to become employed through the provision of comprehensive rehabilitation services.

### **SELECTION OF CLIENTS**

Residents of Arkansas who make inquiry to HSRC will be reported to a field counselor. The field counselor will give these reported cases first priority for investigation, as well as all others reported for Center services by other sources. This investigation must be sufficient to determine whether the reported case is eligible or ineligible for services.

HSRC will provide services to individuals with disabilities whom it is believed can benefit from Center Services directed towards rehabilitation goals.

### **ADMISSION GUIDELINES**

Applications for admission to HSRC will be reviewed in accordance with these guidelines. The responsibility for the administration of these guidelines rests with the Center's Admissions Coordinator in consultation with various other staff representing the service delivery units of the facility.

### **GENERAL REFERRAL CONSIDERATIONS**

Each request for admission will be evaluated using the following criteria:

- 1) The reported needs of the individual.
- 2) The stability of the disabling condition and prognosis.
- 3) Capability of existing staff and facilities to meet the individual's service needs.
- 4) The ability of the individual to adapt to a group living experience.
- 5) Reasonable assurance that enrollment will not be harmful to the individual nor to other students.

### **BEHAVIOR CONSIDERATIONS FOR GROUP LIVING**

Given the wide variety of disabilities served at HSRC, it is essential to create and maintain an effective and productive rehabilitation environment in which needs of persons with significant disabilities may be addressed.

Therefore, admission of any individual having the following anti-social patterns of behavior as judged to be disruptive to the good order of the student body will be rejected:

- 1) Physically aggressive behavior toward peers or authority
- 2) Serious and provocative verbally abusive behavior.
- 3) Willful destruction of property.
- 4) Overt sexual behavior.

## **GUIDELINES FOR SPECIFIC DISABILITIES**

These guidelines relate to specific disabling conditions and/or individual's problems meriting careful consideration by all ARS staff, both in the field and at the Center, in the process of selecting individuals for HSRC services:

- 1) **Severe Brain Damage and Neurologically Impaired** -The individual must be medically stable and able to participate in a minimum of three (3) hours treatment per day. The individual must be free from behaviors that adversely affect others. This includes such behavior as physical aggression and other uncontrollable behaviors.
- 2) Individuals who may require one-on-one medical care will be evaluated for admission on a case- by -case basis.
- 3) **Epilepsy** - Persons with seizures who are candidates for vocational programs must be stabilized on medication and possess a level of seizure control consistent with participation in a seven hour per day learning environment.
- 4) **Psychiatric Disabilities** - Psychological and psychiatric services at HSRC are not equipped to provide primary mental health care. The psychiatric and psychological services available are designed to support and maintain those individuals who enter a Center program. For admission, individuals must meet the following criteria:
  - A. A current psychological or psychiatric assessment and report of mental disability and prognosis. There must be full disclosure of mental/psychiatric illness.
  - B. The report of clear documented series of primary psychiatric or psychological treatment.
  - C. Stabilized on medication or otherwise determined stable by attending psychiatrist/psychologist. The reasonable assurance that enrollment will not be harmful to client or others.

- 5) **Mental Retardation Disabilities** - The Center does not provide close 24-hour supervision, nor are students confined to the facility environment. Students requiring close supervision and monitoring are not candidates for Center services. For admission, individuals must meet the following criteria:
- A. Have demonstrated a capacity to function independently and appropriately in-group living situations.
  - B. Follow a prescribed schedule.
  - C. Appropriately respond to direction.
  - D. Manage free time, both within a structured environment and in the community.
- 6) **Alcoholism, Drug Dependence, Abuse or Addiction** - The Center is not a primary treatment program for alcoholism, drug dependence, abuse or addiction. Its mission is to continue the vocational rehabilitation of these individuals after the primary condition is well controlled. For admission, individuals must meet the following criteria:
- A. A medical diagnosis of the condition is present and on record.
  - B. The individual has successfully participated in a primary treatment program and/or the individual has not engaged in alcohol or drug abuse for a period of six (6) months and has a good, medically documented prognosis.

## **ADMISSION PROCEDURES FOR REHABILITATION CONSUMERS**

Everyone, regardless of sponsorship, must be scheduled for admission. The Admissions Coordinator makes this schedule after review. A VR consumer can be admitted to HSRC/HSRCH (Hot Springs Rehabilitation Center Hospital) for a short-term admission by a direct hospital transfer, and/or admitted for any HSRC service.

To schedule a client for admission to HSRC, the counselor will provide the Admissions Coordinator the following information:

### **HSRC REQUEST FOR SERVICES FORM (SEE APPENDIX E)**

This referral document will be submitted for entry into HSRC for an evaluation not to exceed 60 calendar days in Status 02 or EE (Status 06) or VR services (Status 10-24). The Request for Services form will interpret the field counselor's impressions and opinions of the individual's abilities, personality, background, social and behavior assets and limitations, giving particular attention to

describing the rehabilitation problem. The field counselor will identify any specific problem areas, including the need for special diet and medication with copies of the physician's prescriptions. The Request for Services form is the primary means for the counselor to provide substantial and meaningful knowledge to Center personnel and should also include such information as the consumer's choice of limb maker, program identification for SSI/SSDI cases and any current insurance information (Medicare, Medicaid, private) that may provide funding for services. For referral of alcoholics, a statement should be included that the individual has been dry for a 6-month period and/or has successfully completed treatment in a recognized treatment facility. A similar statement is required for individuals with a known history of drug abuse. If the individual has previously been a HSRC student, include the name(s) used at each enrollment if known.

A completed copy of the Survey Interview/Application, the general medical reports provided by other agencies or facilities that substantially cover content of the General Medical Form may be accepted in lieu of the Agency General Medical Form, Specialists' Reports, and the HSRC Medical Supplement Form (PHS-2) will be submitted. In addition, available case narratives, ARS-75, test results, profile sheets and school records will be provided the Admissions Coordinator. A copy of the Test Record Form (complete form) of the Wechsler Adult Intelligence Scale (WAIS) and GATB results will be included if these tests have been administered.

#### **For Status 02 referrals**

The HSRC Request for Services form with appropriate Agency forms will serve as the authorizing document for individuals being admitted to HSRC for up to 60 calendar days for a diagnostic evaluation and recommendations. Following the diagnostic evaluation period, individuals in Status 02 will be discharged back to the referring field counselor. A written report to include diagnosis and recommendations will be provided the referring counselor within 10 workdays after discharge. Upon receipt of the report, the field counselor will schedule an appointment with the individual to determine appropriate action.

#### **For Status 06 referrals**

A completed IPE for EE Services (RS-600-A) will be submitted prior to the individual's admission for EE services. The RS-600-A will serve as the authorizing document in lieu of an authorization for services to be provided by HSRC. Services provided include those planned at entry as well as those that normally might be anticipated at a later date, i.e. brace repairs, new braces, wheelchairs, etc.

### **For Status 12 and above referrals**

A completed IPE for VR Services (RS-600-A) will be submitted prior to the individual's admission for VR services. The RS-600-A will serve as the authorizing document in lieu of the authorization for services to be provided by HSRC. Services to be provided are to include those planned at entry as well as those, which normally might be anticipated at a later date, i.e. brace repairs, new braces, wheelchairs, etc.

### **CHECKLIST FOR CASES SUBMITTED TO HSRC ADMISSIONS COORDINATOR**

The following documents must be completed with necessary signature before the Admissions Coordinator can review a case:

- 1) RS-344 Request for HSRC Service
- 2) RS-3 General Medical Examination Record, if appropriate
- 3) RS-4 Client Referral and Survey Information
- 4) PHS-3 Living at HSRC
- 5) PHS-2 Medical Supplement (those cases with limited mobility and/or limited activities of daily living capabilities)
- 6) RS-600-A IWRP plus Amendments for VR services other than EE
- 7) Specialists Reports (medical, psychological, psychiatric)
- 8) Case Narratives
- 9) Test Results (including WAIS profile sheet and GATB results)
- 10) School Records
- 11) Background and Social Information
- 12) Medication taken to include prescriptions (if applicable)\*
- 13) Consumer's preference of limb maker (limb cases only)
- 14) ARS-75 Case Information Report
- 15) Immunization Record

Student will bring a 1-week supply of medications to the Center.

### **NON-ARKANSAS REHABILITATION REFERRALS**

Contact the HSRC Admissions Office for referral and case processing of out-of-state rehabilitation consumers, private pay, Workers' Compensation insurance cases, etc.

## **SHORT-TERM ADMISSION FOR HSRC MEDICAL SERVICES**

Short-term admissions (normally from one to five days) for initial wheelchair prescription, revision, repair, adjustment, replacement of prosthetic or orthotic appliances, neuropsychological evaluations and driver rehabilitation assessments can be accomplished by submitting the following forms and information:

- 1) RS-344 Request for HSRC Services
- 2) Current ARS-75
- 3) PHS-2 Medical Supplement
- 4) RS-600 IPE or Amendment in Status 06 or above
- 5) All medical information substantiating need for requested service including doctor's prescriptions

If incidental expenses, clothing, transportation, and/or meals other than the noon meal for non-residents are to be provided, this must be planned for and recorded in the Services Section of IPE.

## **PROSTHETIC/ORTHOTICS AT HSRC**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 16 - 22 - 1398**

**Case Service Code for Status 32 - 1498**

All new or initial wearers and individuals who have had difficulty wearing a limb may attend the HSRC Amputee Clinic for evaluation. HSRC Admissions Coordinator will schedule the individual for admission to the Amputee Clinic. The individual's counselor will submit the same materials, including recommendations from a physician that the stump is ready for fitting; the signed Application for Services; and the completed Request for HSRC Services.

When possible, the vocational objective or tentative objective should be indicated since this type of information is extremely helpful to the clinic team in their total evaluation. Although the amputees' initial evaluation normally lasts five days, the length of time for Center services may vary from case to case. The Admissions Coordinator will advise the prosthetist and the counselor when the individual must report to the Center. The counselor will notify the individual. The individual should expect to return home when the initial evaluation is completed.

**C-6**

The appropriate prosthetist is required to attend the Clinic for the initial prescription or evaluation of the prosthesis. All replacement prostheses recommended through this clinic will be evaluated as outlined below. The prosthetists may be required to attend other clinics to help resolve prosthetic problems.

The appropriate Center Counselor will immediately notify the Field Counselor of the evaluation results. If the Clinic recommends a prosthesis, the Field Counselor may provide the limb in accordance with the recommendations. Actual construction of the new prosthesis (upper or lower extremity) should not begin before verbal or written authorization is received from the field counselor.

The details of measurement and fitting will be arranged by agreement between the field counselor, the individual, and the vendor. If the individual cannot travel to the limb company for the measurement and/or initial fitting, the prosthetist should contact the field counselor. A copy of the IPE will be submitted to the Admissions Coordinator prior to the individual's returning to the Center for the final fitting.

A prosthesis should be made and returned to the Center for initial evaluation within two (2) weeks of initial measurement. The prosthesis will not be delivered to the individual's home unless it is a replacement prosthesis recommended outside the HSRC Amputee Clinic.

The Field Counselor will notify the Center Counselor when the individual is ready to return to the Center for the first fitting of the prosthesis.

The final fitting will be performed at the HSRC Amputee Clinic. The individual will remain at the Center for training in the use of the limb. The prosthetist will notify the field counselor in writing with a copy of the notification to the individual and the Admissions Committee at least one week prior to the time the individual will be ready for final fitting. The individual will re-enter the Center the day prior to the scheduled date.

## **DIRECT REFERRAL FROM ACUTE CARE HOSPITALS TO HSRC REHABILITATION HOSPITAL**

The HSRCH accepts direct referrals from acute care hospitals throughout the State. Following is the procedure to accomplish a direct transfer

### **ARKANSAS REHABILITATION SERVICES CLIENTS**

- 1) The field counselor or discharge planners at the hospital will contact the HSRCH Admissions Coordinator.

- 2) The HSRCH Admissions coordinator will follow number 1, 2, 4, 5, and 6 under Private Pays.

### **PRIVATE PAYS (NON-ARS SPONSORED REFERRALS)**

- 1) The Social Worker at the acute care hospital will contact the HSRC Admissions Coordinator.
- 2) The Admissions Coordinator will acquire the information necessary to complete the pre-admissions screen form.
- 3) Funding resources will be evaluated.
- 4) Pre Admission Information Needs form will be faxed to the discharge planner.
- 5) The remainder of the pre-admissions screen form will be completed by medical personnel and will be reviewed by the doctor for approval of transfer.
- 6) Acute care hospital personnel will be notified of the date and time of planned transfer.

### **ADMISSIONS CRITERIA**

- 1) Persons being considered for direct referral should satisfy the following medical criteria:
- 2) Current feasible rehabilitation goals
- 3) Medically stable without use of ventilator oxygen/IV medications
- 4) Status requires services of at least two of the rehabilitation components
- 5) Freedom from communicable disease which would require total isolation
- 6) Mental and physical capability to participate in an intensive rehabilitation program (minimum of three hours daily)
- 7) Motivation to participate in treatment
- 8) Patient can communicate through spoken, written, gestural/environment cues
- 9) If brain injured and mobile, Ranchos V
- 10) If brain injured and non-mobile, Ranchos IV
- 11) Has not completed acute inpatient rehabilitation in another facility
- 12) Approval by HSRC physician

### **CASE PROCESSING**

Prior to the individual's entry into the Center in Status 12 or above, the results of the diagnostic study and a supporting IPE are to be provided. Even when this study is completed, the individual may be sent to the Center for additional diagnostic/evaluation services. Request for evaluation at HSRC will be addressed regardless of rehabilitation status.

Each consumer is assigned to a Center counselor upon arrival. The Center counselor becomes the extension of the field counselor in the case management and case processing while the individual remains at the Center. Authorizations for necessary services to be provided by a vendor outside the Center will be written by the Center counselor, but will carry the field counselor's number and name and signed by the Center counselor. The Center counselor who prepares the authorization and any additional documents such as Amendments to the IPE will be responsible for proper disposition of copies. The Center counselor may authorize any services essential for the completion of the VR program.

All Statements of Account and related documents resulting from these authorizations will be sent to the Central Office after the Center counselor has verified that services have been rendered. The Central Office will notify the Center counselor when payment is made.

### **CLOTHING PRIOR TO ENROLLMENT**

It is essential each individual arrive at the Center with a sufficient amount of personal clothing to maintain a clean and neat appearance. A suggested list of minimum clothing has been established and such clothing is to be purchased or otherwise provided prior to arriving at the Center. In planning with the individual, seasonal changes and the type of training must be considered.

### **CLOTHING AFTER ENROLLMENT**

Requests for normal personal clothing after enrollment will be directed to the field counselor. The field counselor, after investigating the family resources, will determine what clothing ARS will provide and advise the Center counselor. The Center counselor will write the necessary Amendments and authorizations to provide the clothing. Clothing will not be purchased from the Facility Pool funds, except for emergencies and other individual situations requiring administrative approval.

### **TRANSPORTATION TO THE CENTER**

When ARS provides transportation, planning should include the need for a round-trip. The field counselor should remind clients of the date to report to the Center approximately two weeks prior to the scheduled reporting date. Recommended time to arrive at HSRC is on Sunday between 8:00 a.m. and 4:00 p.m. unless otherwise specified in the admissions letter. This allows the student an opportunity to begin the orientation program on a timely basis. The difference, if any, between the estimated

date for Center enrollment listed in Section I of RS-600-A under Objectives and the actual date given by the Admissions Coordinator should be explained to the individual to prevent individuals from arriving on the wrong date. If any changes are necessary, the Center should be notified. The field counselor should instruct the client to report to the Reception Office at HSRC immediately upon arrival.

### **TRANSPORTATION WHILE ENROLLED**

The Amendment, if needed, and authorizations will be written by the Center counselor for transportation provided by an outside vendor. Authorizations will not be written when such transportation is provided with Center vehicles and personnel. Center counselors will authorize transportation only when the individual has no resources and only at times when the Center is initiating individual's leaving such as Christmas closing, time of discharge, or when client has an extreme emergency situation that necessitates leaving. The Center counselor will not provide transportation for home visits or other non-emergency conditions.

### **INCREASED PER DIEM COSTS**

Authorizations and Amendments will not be written to provide for increased per diem costs due to the client's receiving short stay hospital or evaluation services. The Center Counselor will inform the Field Counselor of such changes in the original planning.

### **MEDICAL TREATMENT OUTSIDE THE CENTER**

The Center counselor, upon recommendation by the HSRC physician, will authorize emergency medical treatment and non-emergency medical diagnosis. If the Center counselor has current information that indicates medical services are necessary and recommended by a physician outside HSRC, the field counselor must be notified by telephone followed by a written memorandum explaining the situation. The Field counselor will determine whether or not the services are to be provided and complete the Amendment and authorization or request they be completed by the Center counselor if the individual is expected to return to the Center following the needed medical treatment. **Exception:** When there is evidence either from the individual or the counselor, the family or individual can purchase or make a substantial contribution to the purchase of the necessary prosthesis, appliance, etc., and/or treatment. The recommendation will be submitted to the Field counselor by the Center counselor. The Field counselor, after further investigation, may write the amendments and authorizations to the vendor, or request the Center Counselor complete them.

## **INCIDENTAL EXPENSES**

This service will not be authorized unless the Center and Field counselors agree the service is needed.

## **FINANCIAL PARTICIPATION**

ARS consumers in the Center who are to make payments for services provided while in the Center will make such payments to the Finance Office of the Center. Check, money order, etc., is to be payable to HSRC. When the payment is made to the counselor, he/she will accept and submit it directly to the Central Office or to the Center with a transmittal letter. A copy of this letter will be sent to the individual. When full or partial payments are to be made, the Field counselor will specify the amount, how, and when payments will be made. When payments are not made as scheduled, the Field Counselor will be notified and it is his/her responsibility to resolve the situation and notify HSRC. HSRC staff will work with the Field Counselor to help resolve such problems.

The amount of financial participation will be negotiated between the individual and the Field counselor based on the following guidelines:

- 1) All individuals who have monthly income or other financial resources and are provided services at HSRC will undergo a financial review to determine if they can participate financially in the cost of their program. Financial resources should be recorded on the back of the RS-344. The level of financial participation will be negotiated between the individual and the counselor based on RSOP 4 and guidelines outlined on this page.
- 2) In no circumstance will the payment exceed the actual cost of services.
- 3) The minimum amount of financial participation will be based on 33 1/3% of the individual's gross monthly income.
- 4) Examples of resources to be included in computing monthly income are outlined in Section IV. Earnings from part-time student employment while enrolled at the Center are exempt and will not be included when computing monthly income.
- 5) The individuals who receive Pell Grants for their enrollment in the Garland County Community College or other institutions of higher education while living at HSRC will be expected to contribute a minimum of 33 1/3% of the balance of Pell Grant funds after the cost of books and tuition.
- 6) Exceptions to the minimum level of participation may be made for individuals who have legitimate home and family expenses. Examples include support of family members, house payments, rent, and utilities. The District Manager must approve exceptions and adjustments to the minimum level of participation.

- 7) When an individual experiences a change in income during their enrollment at the Center, they should notify their counselor immediately and the amount of their payments will be adjusted accordingly.
- 8) All students who enter vocational training will meet with the Financial Aid Department to determine eligibility for Title IV Financial Aid (Pell Grant and FSEOG Grant). The Financial Aid staff will assist the student in completing the necessary paperwork to determine eligibility. Any Title IV grant money received will first be applied to the cost of tuition and fees. If there is any grant money left, that amount will be applied to other charges including but not limited to room and board, books, supplies, equipment or tools needed to complete the training program. Standards for academic progress must be maintained to continue eligibility for Title IV aid. Satisfactory academic progress for the school includes a qualitative measure (equivalent of "C" average) and a quantitative measure (maximum time frame for completion). The maximum time frame to complete a training program may not exceed 150% of the published length of the training program measured in clock hours.

## **LEAVE POLICY FOR HSRC STUDENTS**

Students enrolled in the Center are expected to remain until services outlined in the rehabilitation program are completed or otherwise terminated. However, leave may be granted to students when the Center counselor and/or Field counselor deem it necessary. Leave may be granted to a student because of illness, personal or family problems, or the need to return home to plan with the Field counselor after evaluation services have been completed.

Students on leave will be discharged at the end of 30 days unless an extension of leave time has been requested and agreed upon by the Field and Center counselor and approved by the Center Administrator. After a student has been discharged, an application must be submitted to the Admissions Coordinator before consideration for re-enrollment.

## **NON-RESIDENTS AT HSRC**

HSRC is basically a residential facility. Exceptions may be for non-resident enrollment under certain conditions and upon specific request by the Field counselor. These conditions are:

- 1) Residents of Garland County and immediate area may be admitted for services as a non-resident student upon specific request and upon recommendation by the Admissions Coordinator.

- 2) Heads of families may be permitted to enroll on a non-resident basis if specifically requested by the counselor enabling the individual to move the family to Hot Springs and keep the family together.
- 3) The Center has no family facility or living quarters for students with family or dependents. In the event two students become married to each other; they will be required to become non-residents as soon as arrangements can be made.

Non-residents are authorized to eat a noon meal in the Center's cafeteria on Monday through Friday as part of the usual Center services. After analyzing the individual's financial needs, the Field counselor may request the individual be provided additional meals per day on maintenance services. The request for additional meals per day must be specified and authorized in the IPE. These guidelines should be reviewed with and understood by students prior to admission.

Non-resident students will be provided normal/routine health care services from 7:30 a.m. to 4:30 p.m. Monday through Friday. Non-resident students will be required to arrange for their own emergency care other than these specified hours, unless special arrangements are made on an individual basis with appropriate HSRC staff.

## HSRC FEE SCHEDULE

### RESIDENTIAL

Dormitory .....	\$32.00 per diem
Attendant Care Dormitory .....	\$54.00 per diem
Inpatient Hospital .....	\$529.00 per diem
Bed Holding Fee .....	\$15.00 per diem

### PROGRAM SERVICE AREAS

Adult Basic Education .....	\$4.00 per hour
Drivers Education .....	\$8.00 per hour
Placement .....	N/C
Internships .....	N/C
Employability Services .....	\$8.00 per hour
Vocational Evaluation .....	\$8.00 per hour
Psychological Services .....	\$90.00 per hour
Vocational Training Areas:	
Accounting .....	\$6.00 per hour*
Accounts Clerk .....	\$6.00 per hour*
Auto Collision .....	\$8.00 per hour*
Auto Maintenance Technician .....	\$8.00 per hour*
Auto Partsperson .....	\$8.00 per hour*
Auto Technology .....	\$8.00 per hour*
Building Trades .....	\$6.00 per hour*
CNA .....	\$6.00 per hour*
Cosmetology .....	\$6.00 per hour*
Data Entry .....	\$6.00 per hour*
Environmental Systems (600 hours Laundry and 600 hours Housekeeping) .....	\$6.00 per hour*
Food Service/Cafeteria .....	\$6.00 per hour*
Food Service/Cafeteria/Baking .....	\$6.00 per hour*
Food Service/Cafeteria/Cooking .....	\$6.00 per hour*
Food Service/Cafeteria/Salad Making .....	\$6.00 per hour*
Food Service/Cafeteria/Short Order .....	\$6.00 per hour*
General Office Skills .....	\$6.00 per hour*
Grounds Keeping .....	\$8.00 per hour*
Marketing and Sales .....	\$6.00 per hour*
Printing/Advanced Offset Press .....	\$8.00 per hour*
Printing/Bindery/Beginning Offset Press .....	\$8.00 per hour*

**HSRC FEE SCHEDULE (CONTINUED)**

Printing/Camera, Stripping & Platemaking .....	\$8.00 per hour*
Printing/Electronic Imaging.....	\$8.00 per hour*
Secretarial/Word Processing .....	\$6.00 per hour*
Small Engines .....	\$8.00 per hour*
Welding .....	\$5.00 per hour*

**SPECIAL PROGRAM/OTHER HOSPITAL SERVICES**

Driver Rehabilitation .....	\$60.00 per hour
Non-resident.....	\$10.00 per diem
Off-campus.....	\$5.00 per diem
Hospital Outpatient.....	Per Fee Schedule

\* Per hour charge based on 7 hours per day, 5 days per week.

**HSRC HOSPITAL FEE SCHEDULE**

All Inclusive Inpatient Hospital.....	\$695.00
Inpatient Hospital (per day) .....	\$529.00
Exercise with constant supervision (15 minutes).....	\$33.75
Neuro Muscular Re-Education (15 minutes) .....	\$27.00
Prosthesis Gait Training (15 minutes) .....	\$20.25
Massage (15 minutes).....	\$33.75
Home Visit (60 minutes).....	\$162.00
Back School (60 minutes) .....	\$101.25
Wheelchair Evaluation (60 minutes).....	\$162.00
Cushion Evaluation (60 minutes) .....	\$162.00
Diagnostic Evaluation (60 minutes).....	\$27.00
Speech/Language Therapy Individual (15 minutes).....	\$20.25
Family Education (15 minutes).....	\$81.00
Swallowing Evaluation (15 minutes).....	\$20.25
Swallowing Therapy (15 minutes) .....	\$20.25
Evaluation I (15 minutes).....	\$29.70
Therapeutic Exercises (15 minutes).....	\$33.75
Prosthetic Training .....	\$20.25
Activities--Daily Living (15 minutes).....	\$20.25

\*These charges are subject to changes as allowed by funders.

## **COMMUNITY REHABILITATION PROGRAMS**

Community Rehabilitation Programs (CRP's) are one resource available to ARS as it develops services to meet identified and anticipated individual's needs. Planning for the Agency's use of Community Rehabilitation Programs, therefore, is integrated with the Agency's general planning about how to use its financial resources. Planning for the utilization of Community Rehabilitation Programs services must be coordinated with VR case service planning and must be related to services provided by Rehabilitation counselors of ARS.

### **GOAL OF THE COMMUNITY PROGRAM DEVELOPMENT SECTION**

The goal of the ARS Community Program Development Section (CPDS) is to identify the individual service needs which can most appropriately be met through the purchase of services from non-profit Community Rehabilitation Programs (CRP's). Once these needs are defined the CPDS, in coordination with the ARS General Agency, and with contracting CRP's develops, and updates as needed, an annual comprehensive certification document. This certification document (Arkansas Standards for Community Rehabilitation Program Certification) establishes benchmark standards and guidelines that must be followed by all contracting parties to assure the timely provision of quality rehabilitative services to eligible consumers.

In keeping with the provisions of the Arkansas Standards for Community Rehabilitation Program Certification, the CPDS coordinates and conducts comprehensive annual ARS Certification Reviews of statewide CRP's, and completes numerous on-site visits to assure on-going program compliance with established certification standards. The CPDS also negotiates, and approves annual Professional Services Contracts between ARS and CRP's, processes and authorizes monthly compensation payments to CRP's, provides continuous fiscal and programmatic oversight of contract guidelines, and provides technical assistance as indicated to contracting CRP's.

The primary goal of ARS in contracting with CRP's is to secure time-bound, community based, vocationally oriented services leading to competitive employment within integrated work environments.

The following definitions apply to consumer services in community rehabilitation programs:

**Community Rehabilitation Program (CRP)** - a work-oriented habilitation or rehabilitation program with a controlled working environment and individual vocational goals, which utilizes planned goal-directed work experience and related services for assisting an individual with a disability to progress toward independent living and a productive vocational status.

**Assessment** - an investigative process directed towards identifying and measuring the clients work related behaviors in order to determine the need for placement or additional rehabilitation services.

**Work Adjustment** - a system of goal-directed services or groups of services directed toward enhancement of the client's job seeking and job-keeping skills that facilitate movement toward a satisfactory vocational placement.

**Extended Services** - training provided over an extended period of time for individuals who appear employable and are in need of continued adjustment services. Individualized plans utilize social casework and adjustment services which are goal-directed and which maximize the individual's vocational, educational, personal, and social functioning.

**Competitive Employment** - refers to work in the competitive labor market that is performed full or part time in an integrated setting, and for which an individual is compensated at or above the minimum wage, or at a higher prevailing wage for the same or similar work in the local community performed by individuals who are not disabled.

**Sheltered Employment** – refers to the long-term employment of an individual with a disability within a CRP. This individual is non-agency sponsored, and is considered to be an employee off the CRP. Sheltered employees in CRP's are typically paid at less than minimum wage depending on their productivity, and in accordance with special Department of Labor, Wage and Hour Division guidelines.

**Supported Employment** - means paid work in a variety of integrated settings, particularly regular work sites, especially designed for individuals with significant disabilities, irrespective of age or vocational potential (a) for whom competitive employment at or above the minimum wage has not traditionally occurred, and (b) who, because of their disability, need intensive ongoing post-employment support.

Specifically, significantly disabled employees in a supported employment setting must:

- 1) Be engaged in employment paid at or above minimum wage;
- 2) Need and be provided continuous high intensity, or periodic ongoing, support services in order to maintain employment including support and assistance provided to employers; and
- 3) Be provided opportunities during the workday to integrate with non-disabled individuals other than those providing direct support services to the employee.

Some types of supported employment are:

**Job Coach** - The trained job coach develops the job in industry, matches the individual to the job, trains the individual on the job until performance criteria are met and provides follow-up support to the individual as long as necessary.

**Enclave** - A group of significantly disabled persons (eight or less) perform work within a company. Work performed is the same amount and type as other employees are guaranteed. Pay is commensurate.

**Mobile Work Crew** - A small group (five or less) and a supervisor work in regular industry. Typically, service occupations lend themselves to the crew approach.

**Entrepreneur** - Establishes a small business, which employs both persons with significant disabilities and persons without disabilities.

**Bench Work** - Specific to electronics assembly. Small, single purpose, not-for-profit corporation provides employment and related services for up to 15 individuals.

## **ADMISSION PROCEDURES**

Prior to admission, the following information will be submitted:

- 1) A field counselor's cover letter authorizing up to a ten (10) day CRP Assessment which contains:
  - A. The questions to be addressed during assessment;
  - B. The counselor's impression of the client's aptitudes, interests, attitudes, and suggestions as to work tryout areas;
  - C. A comprehensive summary of medical, psychological, social, educational, and vocational assessment/evaluation results and an interpretation of how these results may influence CRP services; and

- D. A statement informing the CRP personnel that if more complete information is needed, it is available for review from the file in the local rehabilitation office.
- 2) Copies of medical/psychological reports which verify consumer's disability in accordance with the Department of Labor, Fair Labor Standards Act.
  - 3) Copy of Client Referral and Survey Information Form (RS-4).

If the CRP accepts the individual into their program for the 10-day assessment, an Admission Cover Letter Voucher (RS-347) will be sent to the Community Program Development Section.

The CRP case manager is required to complete an assessment plan to facilitate the client's orientation into the program and to specify how the questions formulated by the counselor will be answered. The CRP case manager will provide the VR counselor a written report of the findings of the initial assessment. The report will contain the answers to the questions addressed and the case manager's recommendations concerning further services needed by the individual. If Work Adjustment is recommended, the CRP case manager will submit a written work adjustment plan for the VR counselor's review/approval. It will be necessary for the VR counselor to maintain contact with the CRP staff in order to provide input and to be assured the authorized services are being provided.

## **WORK ADJUSTMENT**

A client may enter Work Adjustment when assessment is completed and the counselor reviews/approves a work adjustment plan which contains the following:

- 1) Documentation showing the individual was involved in plan development;
- 2) A clearly stated justification for recommending this phase of services, along with a listing of appropriate goals and objectives to be attained. Goals/objectives will be stated in terms of competitive employment, sheltered employment (least desirable), supported employment, or other training, i.e., vocational technical school, HSRC training, on-the-job training, or any other specific vocational skills training.
- 3) Program goals stated in terms of how the overall goal will be achieved (these are stated behaviorally and define what the individual will be doing when the goal is reached);
- 4) Measurable objectives leading toward achievement of each program goal;
- 5) Target dates for completion of all goals and objectives;
- 6) Name of the CRP case manager who has the responsibility to coordinate the rehabilitative process, make reports, and amend the plan when necessary.

The counselor will authorize up to 60 days actual attendance for Work Adjustment by completing the Authorization for Adjustment Services (RS-315). Copies of the RS-315 will be maintained in the individual's file and a copy sent to the Community Program Development Section.

Consumers may exit the Work Adjustment Program prior to completing the 60 days if the client achieves his/her rehabilitation goal. If a individual drops out of the Work Adjustment Program, he/she may be readmitted as long as they have eligible days remaining in the Work Adjustment Program. If the individual is officially discharged by the CRP, the individual may be readmitted by the counselor completing a new RS-315. For funding purposes, a CRP can only be credited with entry into a Work Adjustment Program one time during the program year. Five or more hours of services (excluding transportation) constitutes one unit of full day services and three to five hours of service (excluding transportation) constitutes one unit of partial day service.

The VR counselor will participate in scheduled staffing and receive reports showing the plan is being implemented and reasonable progress is being made toward achieving the overall goal, the program goals, and objectives. A written report will be completed by the CRP when the individual completes this phase of training. When ES Services are recommended, the report will contain an estimate of the number of months remaining to complete an extended services program for the individual.

## **EXTENDED SERVICES**

The Extended Services Program is designed to meet the needs of persons with significant disabilities who need an extended Work Adjustment Program. The counselor may authorize up to 9 calendar months of attendance for Extended Services by completing the RS-315. Movement into the Extended Services Program can be initiated only when the 60-day Work Adjustment Program has been fully utilized. Individuals may exit the Extended Services Program prior to completing the 9-month period if the individual has achieved a rehabilitation goal. If a consumer drops out of the Program, the consumer may be readmitted as long as there are months remaining on the consumer's Extended Services Program. If the CRP officially discharges an individual, the individual may be readmitted by the counselor completing a new RS-315. For funding purposes, a CRP can be credited with entry into an Extended Services Program only one time during the program year.

A consumer may enter Extended Services when the counselor reviews/approves an Extended Services plan containing the following:

Documentation showing the client was involved in plan development;

- 1) A clearly stated justification for recommending this phase of services, along with a listing of appropriate goals and objectives to be attained. Goals/objectives will be stated in terms of competitive employment, sheltered employment (least desirable), supported employment, or other training, i.e., vocational technical school, HSRC training, on-the-job training, or any other specific vocational skills training.
- 2) Program goals stated in terms of how the overall goal will be achieved (these are stated behaviorally and define what the individual will be doing when the goal is reached);
- 3) Measurable objectives leading toward achievement of each program goal;
- 4) Target dates for completion of all goals and objectives;
- 5) Name of the CRP case manager who has the responsibility to coordinate the rehabilitative process, make reports, and amend the plan when necessary.

Five or more hours of service (excluding transportation) constitutes one unit of full day service and three to five hours of client service (excluding transportation) constitutes one unit of partial day service.

The VR counselor will participate in scheduled staffing and obtain reports showing the plan is being implemented and reasonable progress is being made toward achieving the overall goal, program goals, and objectives. A written report will be obtained from the CRP when the consumer completes this phase of training.

## **CLOSURE INFORMATION**

When an individual exits a CRP, a Discharge Report (RS-348) will be completed and sent to the Community Program Development Section. The CRP should retain one copy for its record and send a copy to the VR counselor.

## **WAGE AND HOUR REGULATIONS IN SHELTERED WORKSHOPS**

All consumers in a CRP must be covered by a Department of Labor, Wage and Hour Sheltered Workshop/Patient Worker Certificate (WH-228 MIS, Rev. June 91). The CRP Wage and Hour Certificate will cover an individual during enrollment in the CRP and will authorize the CRP to reimburse the individual at a rate below the current minimum wage if appropriate. Consumers in CRP's will be paid on a piecework rate commensurate with the prevailing rate for the same type work being performed.

The Department of Labor Wage and Hour Certificate is required by the ARS Community Program Development Section as part of the Certification process.

## **CERTIFICATION POLICY**

Certification of a CRP's program of Assessment, Work Adjustment, and Extended Services is necessary to purchase services for eligible individual.

Certification is contingent upon:

- 1) Confirmation by the ARS District Manager of the need for a CRP within the community;
- 2) A confirmation by the ARS District Manager, and counselors to use the CRP if indicated;
- 3) The capability of the CRP to provide the established services.
- 4) The Community Program Development Section recommends certification to the ARS Commissioner after investigation reveals compliance with the following prerequisites:
  - A. There is an organization with responsibility for providing building, equipment, staff, and leadership directed toward fulfilling the stated function of the CRP;
  - B. There is a written description of the program of services to be offered;
  - C. There is staff qualified to provide the services offered.
  - D. Sufficient workstations are identified and there is evidence that work will be available in sufficient quantity and type to meet program needs.
  - E. An annual budget is projected for the CRP's operation and approved by the parent organization, which sets forth estimated costs, and how these costs will be met.
  - F. There is an accessible physical plant of sufficient size and of adequate construction to meet program needs.

The Community Program Development Section will continually monitor each program through site surveys to determine its capability to provide authorized services. If it is noted that any of the six principles governing certification are not met, the Community Program Development Section will recommend corrective action to be taken. The program will be given a period of 30 to 60 days from the date of notification of recommendation to correct the deficiency. At the end of the specified time, if correction is not made, suspension of certification will occur. The certificate may be reinstated when the Community Program Development Section has documentation, which assures the program's capability to provide the authorized services has been restored.

## **PROCESSING STATEMENTS OF ACCOUNT**

At the end of each month, the CRP will direct to the appropriate counselor a Statement of Account. This statement will list the consumers, program, number of days each was in the program, and the amount charged to each. The per diem charged to each consumer reflects the cost of the provision of service for the month. The per diem is calculated by dividing the expenses by the total consumer days. The counselor will, within a 24-hour period, review the statement. If the Statement of Account contains errors or lists unauthorized services, it will be returned to the CRP for correction.

The counselor will process all Statements of Account and forward a copy of the Statement of Account, the authorization form, and payment paperwork to the CPD Section. The CPD Section will consolidate the Statements of Account and attached paperwork and forward them to Accounts Payable for payment. All Extended Services Statements will be reviewed and signed by the Counselor and forwarded to the CPD Section for processing.

## **COMMUNITY REHABILITATION PROGRAMS**

The following Community Rehabilitation Programs have been certified for the purchase of assessment, work adjustment and extended services:

**White River Specialized Industries, Inc.** - Batesville

**Ouachita Industries, Inc.** - Camden

**Ashley County Sheltered Workshop, Inc.** - Crossett

**Benchmark Industries, Inc.** - El Dorado

**Abilities Unlimited of Northwest Arkansas, Inc.** - Fayetteville

**Abilities Unlimited, Inc.** - Fort Smith

**Fort Smith Skills Training Center, Inc.** - Fort Smith

**Rainbow of Challenges, Inc.** - Hope

**Abilities Unlimited, Inc.** - Hot Springs

**Pathfinder, Inc.** - Jacksonville

**Abilities Unlimited, Inc.** - Jonesboro

**Easter Seal Work Center, Inc.** - Little Rock

**Goodwill Industries of Arkansas, Inc.** - Little Rock

**Abilities Unlimited, Inc.** - Magnolia

**Jenkins Industries** - Pine Bluff

**Adult Development Center of Benton County, Inc.** - Rogers

**MARVA, Inc.** - Russellville

**Newhope Specialized Industries, Inc.** - Searcy

**Richardson Center Work Services** - Springdale

**Texarkana Resources for the Disabled - Texarkana**

**East Ark Enterprises, Inc. - West Memphis**

**Cross County Special Workshop, Inc. - Wynne**

**Certified CRP's**

The following CRP's have been certified for the purchase of assessment and work adjustment services only:

**Jobs Plus - Alma**

**Forrester-Davis Development Center, Inc. - Clarksville**

**Arkansas Enterprises for the Developmentally Disabled, Inc. - Little Rock**

**Star Industries, Inc. - Russellville**

**Code Community Rehabilitation Programs by facility code listing**

- 31 White River Specialized Industries, Batesville, AR
- 33 Ouachita Industries Inc., Camden, AR
- 34 Ashley County Sheltered Workshop, Crossett, AR
- 35 Benchmark Industries, El Dorado, AR
- 36 Abilities Unlimited of Northwest, AR, Inc., Fayetteville, AR
- 37 Forrester-Davis Development Center, Clarksville, AR
- 38 Abilities Unlimited, Inc., Ft. Smith, AR
- 39 Rainbow of Challenges, Inc., Hope, AR
- 40 Abilities Unlimited, Inc., Hot Springs, AR
- 41 Pathfinders Inc., Jacksonville, AR
- 42 Abilities Unlimited of Jonesboro, Inc., Jonesboro, AR
- 43 Arkansas Enterprises for the Developmentally Disabled, Little Rock, AR
- 44 Easter Seals Arkansas, Little Rock, AR
- 45 Goodwill Industries of Arkansas, Little Rock, AR
- 47 Abilities Unlimited, Inc., Magnolia, AR
- 48 Jenkins Industries, Inc., Pine Bluff, AR
- 49 MARVA Sheltered Workshop, Inc., Russellville, AR
- 50 Newhope Specialized Industries, Inc., Searcy, AR
- 51 Texarkana Resources for the Disabled, Texarkana, AR
- 52 East Ark Enterprises, Inc., West Memphis, AR
- 53 Cross County Special Workshop, Wynne, AR
- 54 Adult Development Center of Benton County, Inc., Rogers, AR
- 55 Fort Smith Skills Training Center, Fort Smith, AR
- 56 Star Skills Training Center, Russellville, AR
- 57 Richardson Center Work Services, Springdale, AR
- 58 Jobs Plus, Alma, AR
- 59 Other Workshops

**Code Supervised Living Programs**

- 60 Jefferson House, Jonesboro, AR
- 61 Gaines House, Little Rock, AR
- 62 GYST House, Little Rock, AR
- 69 Other Supervised Living Programs

**Supervised Living Programs - Alcoholic**

- 70 Group Living Homes, Inc., Arkadelphia, AR
- 71 NADC Alcoholic Recovery Center, Batesville, AR
- 72 Delta Havenette, Brinkley, AR
- 73 Fellowship House, Inc., El Dorado, AR

**APPENDIX D  
DEFINITIONS**

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## APPENDIX D DEFINITIONS

**American Indian** – An individual who is a member of an Indian tribe.

**Applicant** – an individual who submits an application for VR services; has signed an agency application form; or has completed a common intake application form in a One Stop center requesting VR services; or has other wise requested services from VR.

**Assessment for determining eligibility and VR needs** – as appropriate in each case – means:

- 1) A review of existing data-
  - A. To determine if an individual is eligible for VR services.
  - B. To assign priority for an order of selection if ARS is under an order of selection.
  - C. To the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make the eligibility determination and assignment.
  - D. To the extent additional data are necessary to make a determination of the employment outcome and the nature and scope of VR services to be included in the IPE plan for employment of an eligible individual.

**Assistive technology device** – means any item, piece of equipment, or product system, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

**Assistive technology service** – means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

**Blind** – an individual who has: Not more than 20/200 central visual acuity in the better eye or an equal disabling loss of the visual field, i.e., a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

**BMI** – Body Mass Index – is an individual's weight in kilograms divided by his/her height in meters squared.

**CRP** – Community Rehabilitation Program.

**Competitive employment** – work that is performed on a full-time or part-time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

**Criminal Act** – means any crime, including an act, omission or possession under the laws of the United States or a state of general government that poses a substantial threat of personal injury, notwithstanding that by reason of age, insanity, intoxication, or otherwise, the person engaging in the act, omission or possession was legally incapable of committing a crime.

**Deafness** - A hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip-reading, manual communication, and gestures.

**Hard of hearing** - A hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication.

**Pre-lingual hearing impairment** - An impairment that is known or is assumed to have occurred prior to the third birthday.

**Pre-vocational hearing impairment** - An impairment that is known or is assumed to have occurred on or after the third birthday, but prior to the 19th birthday.

**Post-vocational hearing impairment** - An impairment that is known or is assumed to have occurred on or after the 19th birthday.

**Congenital condition** - A hearing loss that is known or is assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella and hemolytic disease of the newborn.

**Degenerative or infectious disease**- A cause of hearing loss that would include, but not be limited to, meningitis, scarlet fever, and diphtheria. A condition present at birth that does not result in a hearing loss until later in life is, for reporting purposes, caused by "degenerative or infectious disease."

**Accident, injury, or poisoning** - A traumatic cause of hearing loss, including noise-induced loss. This cause would encompass, but not be limited to, ototoxic agents.

**Deaf/Blind**

- A. who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these conditions; (2) who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and (3) for whom the combination of impairments described in items 1 and 2 cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment or obtaining a vocation;
- B. who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment or obtaining vocational objectives.

**Eligible individual** – means an applicant for VR services who meets the eligibility requirements;

- A. A determination that the individual has a physical or mental impairment.
- B. A determination the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual.
- C. A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services.
- D. A determination that the individual requires VR services to prepare for entrance into, engage in, or retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice.

**Employment outcome** – entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market to the greatest extent practicable: supported employment, or any other type of employment, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice.

**Extended employment** – means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.

**Extended Period of Time** – as defined for ARS purposes means 90 days.

**Extended Services** – ongoing support services and other appropriate services that are needed to support and maintain an individual in supported employment and that are provided by a State agency, a private nonprofit organization, employer, or any other appropriate resource.

**Extreme Medical Risk** – Means A Probability Of Substantially Increasing Functional impairment or death if medical services, including mental health services, are not provided expeditiously.

**Family Member** – means an individual who is a relative or guardian of an applicant or eligible individual; or lives in the same household as an applicant or eligible individual; who has a substantial interest in the well-being of that individual; and whose receipt of vocational rehabilitation services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

**Individual with a significant disability** – means an individual with a significant disability who meets the Agency’s criteria for an individual with a significant disability.

**Individual’s representative** – any representative chosen by an applicant, or eligible individual, as appropriate, including a parent, guardian, other family member, or advocate, unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual’s representative.

**Informed Choice** – the dissemination of appropriate information to the individual that will allow the individual to make decisions.

**Integrated setting** – means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals other than non-disabled individuals who are providing services to those applicants or eligible individuals; With respect to an employment outcome, means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

**LTMI** – Long Term Mental Illness

**Local Agency** - except where the context indicates otherwise, means an agency of a unit of general local government or of an Indian tribal organization (or combination of such units or organizations) which has the sole responsibility under an agreement with the State Agency to conduct a VR program in the locality under the supervision of such State Agency in accordance with the State Plan.

**Multiple services over an extended period of time** – means two or more services and two of the services must last 90 days or longer.

**Maintenance** – means monetary support provided to an individual for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in an assessment for deterring eligibility and vocational rehabilitation needs or the individual's receipt of VR services under an individualized plan for employment.

**Mediation** – means the act or process of using an independent third party to act as a mediator, intermediary, or conciliator to assist persons or parties in settling differences or disputes prior to pursuing formal administrative or other legal remedies.

**Medical Directed Therapy** – means any type of medical treatment that a physician recommends.

**Non-Profit** - as applied to a Community Rehabilitation Program, agency or organization, means a Community Rehabilitation Program, agency or organization owned and operated by one or more non-profit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual and the income of which is exempt from taxation under section 501 (c) (3) of the Internal Revenue Code of 1954.

**Occupational License** - means any license, permit or other written authority required by a state, city or other governmental unit to be obtained in order to enter an occupation or enter a small business.

**On-Going Support Services** - as used in the definition of Supported Employment, means continuous or periodic job skill training services provided at least twice monthly at the work site throughout the term of employment to enable the individual to perform work. The term also includes other support services provided at or away from the work site such as transportation, personal care services and counseling to family members, if skill training services are also needed by, and provided to, that individual at the work site.

**Outcome and Service Goals** - objectives established by the State Agency, which are measurable in terms of expansion or program improvement in specified program areas and which the State Agency plans to achieve during a specified period of time.

**Personal assistance services** – means a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability.

**Physical and mental restoration services** – means –

- A. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment;
- B. Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with state licensure laws.

**Physical or mental impairment** – means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems or any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Public Safety Officer** - “Public safety officer” means a person serving the United States or a state or unit of general local government, with or without compensations, in any activity pertaining to:

- A. The enforcement of the criminal laws, including highway patrol or the maintenance of civil peace by the National Guard or the Armed Forces;
- B. A correctional program, facility or institution where the activity is
- C. potentially dangerous because of contact with criminal suspects, defendants, prisoners, probationers or parolees;
- D. court having criminal or juvenile delinquent jurisdiction where the activity is potentially dangerous because of contact with criminal suspects, defendants, prisoners, probationers or parolees;
- E. Fire fighting, fire prevention or emergency rescue missions.

**Post-employment services** – means one or more services that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual to maintain, regain, or advance in employment, consistent with the individual’s strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

**Qualified and impartial mediator** – means an individual who-

- A. Is not an employee of a public agency (other than an administrative law judge, hearing examiner, employee of a State office of mediators, or employee of an institution of higher education);
- B. Is not a member of the State Rehabilitation Council for the designated State unit;
- C. Has not been involved previously in the vocational rehabilitation of the applicant or eligible individual;
- D. Is knowledgeable of the vocational rehabilitation program and the applicable Federal and State laws, regulations, and policies governing the provision of vocational rehabilitation services;
- E. Has been trained in effective mediation techniques consistent with any State-approved or-recognized certification, licensing, registration, or other requirements; and
- F. Has no personal, professional, or financial interest that would be in conflict with the objectivity of the individual during the mediation proceedings.

An individual serving as a mediator is not considered to be an employee of the designated State unit for the purposes of this definition solely because the individual is paid by the designated State unit to serve as a mediator.

**Rehabilitation engineering** – the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

**Rehabilitation technology** – the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in the areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

**Service status** – means, a status post IPE in which the individual is receiving VR services (status 14,16,18,20,22, 24).

**Significant disability** – means an individual with a disability –

- A. Who has a significant physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-

**D-7**

direction, interpersonal skills, work tolerance, or work skills) in terms of as employment outcome;

- B. Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- C. (C) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders including stroke and epilepsy, spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

**Substantial impediment to employment** – a physical or mental impairment (in light of attendant medical, physical, psychological, vocational, educational, communication, and other related factors) hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual’s abilities and capabilities.

**Supported employment** – Competitive employment in an integrated setting, or employment in integrated work setting in which individuals are working toward competitive employment, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice of the individuals with ongoing support services for individuals with the most significant disabilities.

**Supported employment services** – means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment that are provided by the designated State unit.

**Transitional Services** means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's needs, taking into account the student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the achievement of the employment outcome identified in the student's individualized plan for employment.

**Transitional employment for individual with chronic mental illness** - means competitive work in an integrated work setting for individuals with chronic mental illness who may need support services (but not necessarily job skills training services) provided either at the work site or away from the work site to perform the work. Job placement may not necessarily be a permanent employment outcome for the individual.

**Transportation** - means necessary travel and related expenses in connection with transporting individuals with disabilities and their attendants or escorts for the purpose of providing VR services under the State Plan and may include relocation and moving expenses necessary for the achievement of a VR objective.

**Visual services** - means visual training, examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses and other special visual aids, as prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select.

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**CHECKLIST= TECHNICAL ASPECTS OF THE CASE**

**APPLICATION/REFERRAL**

- Y Completed RS-4 Referral Application dated and signed by client.
- Y Financial Application form RS-16 signed and dated-On the Comment Section if the person is going to apply for a Pell Grant, it needs to be stated here.
- Y Motor Voter application signed and dated (optional)
- Y Release of Information Form signed (if needed)
- Y Intake Narrative (*complete with referral information, education, work history, counselor or rehabilitation assistant observations and plan of action*) – Informed Choice statement at referral.
- Y RIDAC Authorization and Medical form completed.

**ELIGIBILITY/ACTIVE**

- Y RIDAC General Medical Reports/Medical Reports, Psychological or Mental Health/Reports from client's doctors, psychologist, psychiatrist, counselors, treatment programs, or SSA.
- Y Audiological Report/Audiogram
- Y Completed Scope of Service with Functional Limitations.
- Y Completed/signed C of E bearing date consistent with IPE.
- Y Order of Selection Letter (sent to client)
- Y Acceptance narrative which includes Order of Selection, Functional Limitations and a C of E stated and Informed Choice Statement- acceptance/counseling documentation.
- Y Completed IPE dated and signed by both counselor and the *client (detailing estimated cost and vendor(s) to be used)*
- Y PELL documentation
- Y Responsibilities Trainee/College Students
- Y Signed Annual Review Amendment (600c) or documentation as to why client did not sign
- Y Case Reviews
- Y Case Narratives
- Y Documentation of training progress and grades
- Y Completing Checklist

**CLOSURE**

- Y Letter to client informing them of ARS plans to close case and post-employment services
- Y Documentation of employment
- Y Signed 600-C or three (3) written attempts to contact (2 letters and then one certified letter) with Informed Choice Statement
- Y Satisfaction Survey

\_\_\_\_\_  
Signature Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Support Staff

\_\_\_\_\_  
Date

## **CHECKLIST INSTRUCTIONS**

The checklist is a tool for the counselor to use in assuring that all required forms and documentation have been completed. The counselor will check each item as they are completed. The checklist will be filed on the right side of the case folder on the top of the case notes.

Form completion is self-explanatory.

**STATE OF ARKANSAS  
AGENCY-BASED DECLARATION STATEMENT**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

- YES, I want to apply to register to vote.
- NO, I do not want to apply to register to vote.

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.**

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.**

**If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at the State Capitol, Little Rock, AR 72201-1094 or call 1-800-482-1127 (TDD 1-800-262-4704).**

**If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes.**

**If you do register to vote, the office at which you submit a voter registration application will remain confidential and will be used only for voter registration purposes.**

**Comments:**

**Signature** \_\_\_\_\_





Sharon Priest  
SECRETARY OF STATE

State of Arkansas  
**SECRETARY OF STATE**  
Voter Registration  
P. O. Box 8111  
Little Rock, Arkansas 72203-8111  
**VOTER REGISTRATION SITE**  
**WEEKLY REPORTING FORM**

**Elections Division**  
**Voter Services**  
1-501-682-3528  
1-800-482-1127

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City

ZIP Code

County

Agency Contact

Telephone Number

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
DATES						
Number of Applications						
Number of Declinations						

**Remember to**  
**Put your**  
**AGENCY**  
**Code on all**  
**Voter**  
**Registration**  
**Applications!**

Please send completed **APPLICATIONS** to Secretary of State **DAILY**.  
Retain all Declination Forms for 24 months.  
Send original copy of this form to the Secretary of State. Retain yellow copy for reporting purposes to your main office.

## **VOTER REGISTRATION (3 FORMS) INSTRUCTIONS**

### **AGENCY BASED VOTER DECLARATION STATEMENT**

### **VOTER REGISTRATION APPLICATION**

### **VOTER REGISTRATION SITE WEEKLY REPORTING FORM**

State regulations require that ARS offer voter registration on site to individuals who may not be currently registered to vote.

The counselor will complete the Agency-based Declaration Statement and have the individual to sign.

If the individual desires to register to vote, the counselor will assist the individual in completing the Arkansas Voter Registration Application and will mail the completed form to the Secretary of States Office that the same day.

A designated person in each office will keep a record of all applications, declinations, and report to the Secretary of States office weekly.

**ARKANSAS REHABILITATION SERVICES  
INFORMED CONSENT  
(RS-375)**

Client Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Authorization is hereby granted for referral of the above named individual to the Arkansas Rehabilitation Services. As parent/guardian I understand that in order to determine eligibility and services required to achieve a vocational goal, a comprehensive evaluation may be required. My signature authorizes the Arkansas Rehabilitation Services to conduct such an evaluation including medical, mental health, psychological, and/or vocational assessments.

Authorization is also granted to

\_\_\_\_\_  
(school, agency, clinic)

to release information in the record of the above named individual to the Arkansas Rehabilitation Services

\_\_\_\_\_  
(Counselor)

\_\_\_\_\_  
(Address)

Type of information to be disclosed: \_\_\_\_\_ Medical  
\_\_\_\_\_ Psychological  
\_\_\_\_\_ Vocational  
\_\_\_\_\_ Other(specify) \_\_\_\_\_

Purpose for such disclosure: \_\_\_\_\_ Establish eligibility  
\_\_\_\_\_ Develop VR plan  
\_\_\_\_\_ Determine treatment need/type  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

I understand the purpose(s) for which my consent is being requested. I understand that giving consent for the above stated purpose(s) is voluntary on my part and may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**E-7**

**Effective Date 10-10-02**

**INFORMED CONSENT  
INSTRUCTIONS  
(RS-375)**

This form is to be completed if the individual applying for services is less than 18 years of age.

1. Self-explanatory
2. A copy must be placed in the case folder.

**CLIENT REFERRAL AND SURVEY INFORMATION FORM (RS-4)**  
**(See Forms Folder)**

**CLIENT REFERRAL AND SURVEY INFORMATION FORM (RS-4)**  
**(See Forms Folder)**

**CLIENT REFERRAL AND SURVEY INFORMATION FORM (RS-4)**  
**(See Forms Folder)**

**ARKANSAS REHABILITATION SERVICES  
CLIENT REFERRAL AND SURVEY INFORMATION**

**1. REFERRAL INFORMATION**

SOCIAL SECURITY NUMBER		COUNS. CODE	AGENCY CODE	CLIENT NAME LAST, FIRST, MI			STATUS	EFFECTIVE DATE YR/MO/DAY	CURRENT CODE SSDI   SSI	
STREET ADDRESS BOX ROUTE				CITY	STATE	ZIP CODE	CLIENT PHONE NO. AREA CODE /PHONE NUMBER		PHONE TYPE	
FED SPEC. PROGRAM CODE	COMP. BENEFITS	D.O.B. YR/MO/DAY	GENDER MALE FEMALE		RACE/ETHNICITY					
			<input type="checkbox"/>	<input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK/AFRICAN AMERICAN <input type="checkbox"/>	AMERICAN INDI/ALASKA NATIVE <input type="checkbox"/>			
					ASIAN <input type="checkbox"/>	NATIVE HAWAII/OTHER ISLAND <input type="checkbox"/>	HISPANIC/LATIN <input type="checkbox"/>			
				PRIMARY RACE/ETHNICITY						
				WHAT IS YOUR PREFERRED RACE/ETHNICITY?						
REFERRAL SOURCE			REFERRAL SOURCE CODE	MEDICAL INSURANCE COVERAGE AT APPLICATION						
				MEDICAID <input type="checkbox"/>	MEDICARE <input type="checkbox"/>	WORKERS' COM PENSATION <input type="checkbox"/>				
				PRIVATE THRU OWN EMPLOYMENT <input type="checkbox"/>	PRIVATE THRU OTHER MEANS <input type="checkbox"/>					
DIRECTIONS (IF APPLICABLE):										

**2. DISABILITY FACTORS**

PRIMARY DISABILITY	DIS. CODE	AGE AT ONSET	CAUSE:		
LAST TREATMENT/EXAMINATION					
N/A	DATE	BY WHOM:	LOCATION:		
<input type="checkbox"/>					
SECONDARY DISABILITY	DIS. CODE	AGE AT ONSET	CAUSE:		
LAST TREATMENT/EXAMINATION					
N/A	DATE	BY WHOM:	LOCATION:		
<input type="checkbox"/>					
PROSTHESIS USED	NO	KIND	DATE FITTED	CONDITION	MANUFACTURER
	<input type="checkbox"/>				

**PRIMARY PHYSICIANS**

**3. SOCIAL FACTORS**

MARITAL STATUS					
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Never Married	<input type="checkbox"/> Not Available
HOUSEHOLD MEMBERS - NAME	DATE OF BIRTH	RELATIONSHIP	EMPLOYMENT		

LIVING ARRANGEMENT AT APPLICATION	CODE:		PRIMARY SOURCE SUPPORT AT APPLICATION	CODE:	
-----------------------------------	-------	--	---------------------------------------	-------	--

**PUBLIC ASSISTANCE AT APPLICATION**

SSDI CODE	SSDI AMOUNT	SSI CODE	SSI AMOUNT	TANIF CODE	TANF AMOUNT	OTHER CODE	OTHER AMOUNT	GA CODE	VET DIS. CODE	WC CODE	TOTAL AMOUNT

**PERSON(S) THROUGH WHOM CLIENT MAY ALWAYS BE CONTACTED**

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

**4. EDUCATIONAL FACTORS**

HIGHEST GRADE COMPLETED IN HIGH SCHOOL	YEAR	NAME AND LOCATION OF INSTITUTION	IEP
			<input type="checkbox"/>

OTHER TRAINING OR COURSE	YEAR	NAME AND LOCATION OF INSTITUTION

**5. VOCATIONAL FACTORS**

CURRENTLY EMPLOYED	<input type="checkbox"/> Yes <input type="checkbox"/> No	HOURS PER WEEK:				
PRESENT OR LAST EMPLOYER NAME	TYPE OF WORK PERFORMED		WEEKLY EARNINGS	MONTHS EMPLOYED	DATE LAST EMPLOYED	

EMPLOYMENT INTERRUPTION	IF YES, STATE REASON:
<input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS EMPLOYMENT

**6. COMPARABLE BENEFITS**

TYPE	CODE	YES
1. PRIVATE INSURANCE COMPANY: POLICY NUMBER:	001	<input type="checkbox"/>
2. MEDICAID	002	<input type="checkbox"/>
3. MEDICARE	004	<input type="checkbox"/>
4. STATE WORKERS COMPENSATION	010	<input type="checkbox"/>
5. PELL GRANT	020	<input type="checkbox"/>
6. VA BENEFITS TYPE: VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	040	<input type="checkbox"/>
7. FEDERAL WORKERS COMPENSATION	200	<input type="checkbox"/>
8. CHILDREN'S MEDICAL SERVICES	400	<input type="checkbox"/>
COMPARABLE BENEFIT CODE TOTAL		

**VII. APPLICATION**

With informed choice, I hereby make application to the Arkansas Rehabilitation Services for the following services. Assessment of vocational rehabilitation needs including diagnostic and related services have been made available to me.

SERVICES	CHOSEN VENDOR

The requested information is voluntary; however, failure to provide information may result in delay or denial of services. The purpose and need for such information is to establish eligibility for vocational rehabilitation services, develop a vocational program for the client, and/or determine need for and/or type of treatment.

I am aware that all programs and services provided by the Arkansas Rehabilitation Services are provided on a non-discriminatory basis without regard to sex, race, age, color, religion, national origin or disability. I understand that with the exception of diagnosis, counseling and guidance, placement and follow-up, other services provided by the Arkansas Rehabilitation Services will be based upon my financial resources and other comparable benefits available to me. I further understand that a representative of the Agency and myself during the development of my Individualized Plan for Employment will determine the services available. If my financial resources or available comparable benefits change, I agree to notify my vocational rehabilitation counselor.

If dissatisfied with any decision by ARS with regard to the furnishing or denial of Vocational Rehabilitation Services, the individual may file a request for review of the decision. The client has the right to request a due process hearing before an impartial hearing officer. This request must be filed within ten (10) working days of any contested decision. A due process hearing before an impartial hearing officer will be scheduled within 45 days of documented request. The client has the right to request administrative review or mediation to attempt to resolve the issue within the due process time frame. The qualified impartial mediator or hearing officer is randomly selected by the client from a list provided by ARS. Any request for the review of a decision must be filed in writing with the Commissioner, or designee, Arkansas Rehabilitation Services, P. O. Box 3781, Little Rock, Arkansas 72203, (501) 296-1600.

A Client Assistance Program (CAP) is available to provide assistance in informing and advising all applicants for services of available benefits under the Rehabilitation Act. Upon request, the CAP may assist each individual in his/her relationship with the projects, programs and facilities providing services under the Rehabilitation Act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of rights under this Act. Individuals who wish assistance from the Client Assistance Program should contact Disability Rights Center, 1100 North University, Suite 201, Little Rock, Arkansas 72207, telephone number (501) 296-1775 or (800) 482-1174.

I understand all data and knowledge concerning any individual case must be treated with the highest degree of confidentiality. Such information that the Agency develops may be released when requested by the client in writing and when it is believed the release of such information will benefit the client. Information that is purchased or otherwise provided from a source other than the Agency will be released only upon a court order. EXCEPTION-MEDICAL INFORMATION. When the client requests, in writing, the release of medical information and the physician who provided the information makes the same request, in writing, such information may be released. The release must refer to a specific medical examination or summary including dates performed and type of medical report to assure that only that information which the physician and client want released, may be released.

I understand and consent that release of demographic information is required for partner agencies in reporting, research, and operations required by the Arkansas Workforce Investment System.

**I understand that completion of this application means that I intend to go to work.**

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

# CLIENT REFERRAL AND SURVEY INFORMATION INSTRUCTIONS (RS-4)

The RS-4 is a basic document for obtaining common data on all individuals served by ARS and in many instances, may be the most significant form found in the individual case record. This form must contain the basic information from which vital decisions affecting the rehabilitation program of the individual will be made. This form is intended to be a working document to be used by the counselor and individual in the development of a rehabilitation program. It will be completed during the initial interview with the individual. All items are to be completed. For the most part, the completion of the form is self-explanatory, but to insure everyone has a common understanding, the following information should be studied.

All information should reflect the situation at the time of referral.

## 1. REFERRAL INFORMATION

**SOCIAL SECURITY NUMBER**: Record the individual's social security number.

**COUNSELOR**: Record your 3-digit counselor identification number.

**AGENCY CODE**: Enter the Agency Code from the following:

Code	Definition
10	General Agency
30	ODHI - VR Caseload
32	ODHI - Independent Living, Deaf
80	General Agency - ILRS

**APPLICANT NAME**: Enter applicant's last name, first name and middle initial. Do not use punctuation or symbols.

**STATUS**: Enter Status 02.

**EFFECTIVE DATE**: Record the year, month, and day. This date should be entered in two digits; i.e., January 4, 2002, should be entered as 020104.

**SSDI/SSI STATUS HISTORY:** Enter the appropriate 1-digit code for the SSDI/SSI statuses at referral from the following list of codes:

**Code Definition**

- 0 Not an Applicant
- 1 Applicant allowed benefits or currently a beneficiary or recipient
- 2 Applicant denied benefits
  
- 3 Applicant - status of application pending
- 4 Not known if an applicant
- 5 Benefits discontinued or terminated

**0, Not An Applicant** - Use Code 0 only for those cases known definitely not to be an applicant for benefits prior to referral. (In the past three years.)

**1, Applicant Allowed Benefits** - Use Code 1 to report the status of all individuals who are receiving benefits.

**2, Applicant Denied Benefits** - Use Code 2 to report all individuals who have filed an application for benefits and have received notice they have been denied. If the applicant has been denied benefits but has requested reconsideration or appealed the decision, record the case as Code 2, Denied, rather than Code 3, Pending, since the denial was the last official decision. Do not use Code 2 if an individual's benefits have been discontinued or terminated (See Code 5 below).

**3, Applicant-Status of Application Pending** - Use Code 3 when it is known the individual is an applicant for benefits but the status of the application is pending at the point in time during which this item is being coded. If the applicant has been denied benefits but has requested reconsideration or appealed the decision, record the case as Code 2, Denied, rather than Code 3, Pending, since the denial was the last official decision and the request for reconsideration of the appeal is not considered a new application.

**4, Not Known if an Applicant** - This code has been provided for the use of the counselor in those instances where it is not possible to determine definitely whether or not the person referred is an applicant for benefits. The use of this code must be limited to those instances where the counselor does not receive a referral from Disability Determination Unit and is unable to establish contact with the referred individual. It may not be used for any individual certified for extended evaluation (Status 06) or accepted for active services (Status 10-24).

**5, Benefits Discontinued or Terminated** - Use Code 5 for those individuals who were allowed benefits but have either been discontinued or terminated and who have not subsequently been allowed or denied benefits. If an individual's benefits were discontinued and later resumed, current status would be reported as Code 1. If an individual's benefits were terminated and a subsequent application for benefits is pending, he would be given Code 3, Applicant Status of Application Pending, since the acceptance of the application was the last official decision.

**STREET ADDRESS – BOX OR ROUTE:** Record the address by street and number, or rural route and box number, or whatever is necessary so the individual can be located easily.

**CITY:** Enter the name of the town or city of the individual's mailing address.

**COUNTY CODE:** Enter the 2-digit county code for the county of residence for the applicant. For institutionalized individuals, record the county of legal residence. Refer to Code Section of Manual.

**ZIP CODE:** Enter the zip code.

**TELEPHONE NUMBER:** Enter the applicant's telephone number or the number at which the applicant may be reached.

**TELEPHONE TYPE:** Record voice or TDD.

**FEDERAL SPECIAL PROGRAM CODE:** Enter the appropriate code from the list of codes below. Add the numbers assigned to each category and enter this sum as the Special Program Code.

**Code Definition**

- 000 None or Not known at this time - The individual is not identified with any of the Federal special program groups.
- 001 Social Security Disability Beneficiary/Trust Fund (SSDI) - The individual is receiving SSDI benefits.
- 002 Veteran--The individual served in the Armed Services in active duty and was discharged or released under conditions other than dishonorable.
- 004 The individual being closed is scheduled for annual review because of ineligibility determination and refers to those being closed Status 08 from 02, Status 08 from 06, and Status 28 or 30.

- 010 Migratory Agricultural Worker - The individual is identified as being in a Migratory Agricultural Workers Project.
- 020 Individuals referred to the Arkansas Rehabilitation Industry and Business.
- 040 Brain Injured - An individual who sustained a traumatic accident resulting in some degree of brain damage that led to the major or secondary disabling condition. The disabling condition may be orthopedic, visual, aural, neurological, perceptual/cognitive, mental/emotional in nature. **Do not** use this code as a cause for mental retardation.
- 100 Deaf/Blind - An individual who is both deaf and blind regardless of any other disability. For example, a person with a major disabling condition of blindness has a secondary disabling condition of mental retardation. If this individual is also deaf, use Code 100 to signify a deaf/blind person. It is not necessary for either the blindness or deafness to be the major or secondary disabling condition. The presence of both disabilities is sufficient for the individual to be considered deaf/blind.
- 200 Supplemental Security Income (SSI) - the individual is receiving SSI benefits.
- 400 Significantly Disabled - All individuals identified as significantly disabled. Use this code if at any time during the VR process, the individual meets the definition of significant disability. Do not change this designation if the individual's condition improves to the extent that the individual is no longer considered significantly disabled at the time of closure.

### **Examples**

- 1) If a case is not in any of the projects mentioned above, the code 000 must be used.
- 2) If the case is receiving SSDI, 401 is to be entered. 400 (Significantly Disabled + 001 (SSDI Recipient) = 401.

**COMPARABLE BENEFITS:** Enter the applicable current comparable benefits 3 – digit code. (Refer to Part 6 on the RS-4 for appropriate code)

**DATE OF BIRTH:** Enter Year, Month and Day

**GENDER:** Check appropriate box.

**RACE - ETHNICITY:** Check appropriate box.

**PREFERRED RACE - ETHNICITY:** Record preferred race/ethnicity.

- 1 White
- 2 Black/African American
- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Native Hawaiian/other Pacific Islander
- 4 Hispanic or Latino

**REFERRAL SOURCE AND CODE** - Record the referral source and enter the 2-digit referral code from the list below. Wherever possible and appropriate, record an agency, organization or institution rather than an individual as the source of referral. For example, if a state employment service employee refers a person to the VR Agency, the proper referral source would be the State Employment Service (Code 53) and not an individual. An effort should be made to ascertain whether the coding for an applicant appearing to be self-referred might more properly be assigned to an agency, organization or institution.

**Educational Institutions (Public and Private)**

- 10 College or university (institution offering higher than secondary education including junior college)
- 12 Vocational School (including business, trade, and other technical)
- 14 Elementary or high school
- 16 School for persons with physical or mental disabilities
- 19 Other educational institution

**Hospitals and Sanatoriums (Public and Private)**

- 20 Mental Hospital
- 22 Other chronic condition or specialized hospital or sanatorium
- 24 General hospital
- 29 Other hospital or clinic (except public health clinic)

**Health Organizations and Agencies**

- 30 Community Rehabilitation Program (except community mental health center)
- 32 Community Mental Health Center
- 34 Children and Family Services
- 38 Other public health department, organization, or agency (including public health nurse or clinic)
- 39 Other private health organization or agency

**Welfare Agencies**

- 40 Public welfare agency (State and local government)
- 44 Private welfare agency (including labor union welfare funds and civic community welfare organization)
- 46 TEA/TANF

**Public Organizations and Agencies (Not Specifically Educational, Health, or Welfare)**

- 50 Social Security Disability Determination Services
- 51 Social Security District Office
- 52 Workers' Compensation Agency (Federal and State)
- 53 State Employment Service
- 54 Selective Service System
- 55 State Vocational Rehabilitation Agency
- 56 Correctional institution, court, or officer (Federal, State, or local)
- 59 Other public organization/agency (including public official not representing above organizations or agencies)

**Private Organizations and Agencies (Not Specifically Educational, Health, or Welfare)**

- 60 Prosthetic/orthotic vendor
- 62 Employer
- 69 Other private organization or agency

**Individuals**

- 70 Self-referred person
- 72 Physician not elsewhere classified
- 79 Other individual not elsewhere classified
- 80 One Stop Center

**MEDICAL INSURANCE COVERAGE AT APPLICATION** – Check appropriate box.

**DIRECTIONS TO RESIDENCE:** Record if applicable.

**2. DISABILITY FACTORS**

**PRIMARY DISABILITY:** Record primary disability.

**DISABILITY CODES:** Enter the 4 –digit code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment

code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000.

### **CODES FOR IMPAIRMENTS**

00 No impairment

#### **SENSORY/COMMUNICATIVE IMPAIRMENTS:**

- 20 Blindness
- 21 Other Visual Impairments
- 22 Deafness, Primary Communication Visual
- 23 Deafness, Primary Communication Auditory
- 24 Hearing Loss, Primary Communication Visual
- 25 Hearing Loss, Primary Communication Auditory
- 26 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
- 27 Deaf-Blindness
- 28 Communicative Impairments (expressive/receptive)

#### **PHYSICAL IMPAIRMENTS:**

- 29 Mobility Orthopedic/Neurological Impairments
- 30 Manipulation/Dexterity Orthopedic/Neurological Impairments
- 31 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
- 32 Other Orthopedic Impairment (e.g., limited range of motion)
- 33 Respiratory Impairments
- 34 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 35 Other Physical Impairments (not listed above)

#### **MENTAL IMPAIRMENTS**

- 36 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
- 37 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 38 Other Mental Impairments

## CODES FOR CAUSES or SOURCES OF IMPAIRMENTS

- 38 Cause unknown
- 39 Accident/Injury (other than TBI or SCI)
- 40 Alcohol Abuse or Dependence
- 41 Amputations
- 42 Anxiety Disorders
- 43 Arthritis and Rheumatism
- 44 Asthma and other Allergies
- 45 Attention-Deficit Hyperactivity Disorder (ADHD)
- 46 Autism
- 47 Blood Disorders
- 48 Cancer
- 49 Cardiac and other Conditions of the Circulatory System
- 50 Cerebral Palsy
- 51 Congenital Condition or Birth Injury
- 52 Cystic Fibrosis
- 53 Depressive and other Mood Disorders
- 54 Diabetes Mellitus
- 55 Digestive
- 56 Drug Abuse or Dependence (other than alcohol)
- 57 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
- 58 End-Stage Renal Disease and other Genitourinary System Disorders
- 59 Epilepsy
- 60 HIV and AIDS
- 61 Immune Deficiencies excluding HIV/AIDS
- 62 Mental Illness (not listed elsewhere)
- 63 Mental Retardation
- 64 Multiple Sclerosis
- 65 Muscular Dystrophy
- 66 Parkinson's Disease and other Neurological Disorders
- 67 Personality Disorders
- 68 Physical Disorders/Conditions (not listed elsewhere)
- 69 Polio
- 70 Respiratory Disorders other than Cystic Fibrosis or Asthma
- 71 Schizophrenia and other Psychotic Disorders
- 72 Specific Learning Disabilities
- 73 Spinal Cord Injury (SCI)
- 74 Stroke
- 75 Traumatic Brain Injury (TBI)

**AGE AT ONSET:** Record age at onset of disability.

**CAUSE:** Record cause of primary disability.

**LAST TREATMENT or EXAMINATION:** Record the information requested.

**SECONDARY DISABILITY:** Record secondary disability.

**SECONDARY DISABILITY CODE:** Record the 4-digit disability code.

**AGE AT ONSET:** Record age at onset of disability.

**CAUSE:** Record cause of secondary disability.

**LAST TREATMENT or EXAMINATION:** Record the information requested.

**PROSTHESIS USED:** Record the information requested.

**PRIMARY PHYSICIAN:** Record the primary physician.

### **3. SOCIAL FACTORS**

**MARITAL STATUS:** Check appropriate box.

**HOUSEHOLD MEMBERS-NAME:** Record persons living in the household.

**DATE OF BIRTH – RELATIONSHIP - EMPLOYMENT:** Record the information as requested.

**LIVING ARRANGEMENT AT APPLICATION:** Indicate the living arrangements of the individual, either temporary or permanent, on the date of application to the State VR Agency. Enter the 2-digit code from the following:

- 01 Private Residence (independent, or with family or other persons)
- 02 Community Residential/Group Home
- 03 Rehabilitation Facility
- 04 Mental Health Facility
- 05 Nursing Home
- 06 Adult Correctional Facility
- 07 Halfway House
- 08 Substance Abuse Treatment Center
- 09 Homeless/Shelter
- 10 Other

**PRIMARY SOURCE OF SUPPORT AT APPLICATION:** The individual's primary source of support is simply the individual's largest single source of public support at application although it may account for less than 50 percent of the total support. The general rule is that the support should be attributed to a particular source only when it is related directly to the individual, or the individual is directly involved.

A common source of error in coding source of support involves assigning earnings of, or payment to, source to record. For example, a female client who is supported through the current earnings of her husband or by his unemployment insurance checks should be recorded for primary source of support as "family and friends" and not as "current earnings" or "unemployment insurance." In determining the largest single source, combinations of public assistance payments should be considered as one single source in making the determination. For example, a person receives public assistance payments because of his/her disability and additional public assistance as aid to his/her dependent children. The total amount of public assistance, including both Federal and non-Federal, should be considered as one single source. Code 04 will be used only when the public assistance is General Assistance entirely and is the largest single source of support.

Institutionalized clients will be recorded as "Public institution-tax supported" if they are supported in the institution by public institution funds. However, if the person is being maintained in the institution by other financial sources such as the family, or hospitalization insurance, or other funds, the appropriate source of the funds will be recorded.

Enter the **1-digit** code from the following list of codes:

Code Definition

- 1 Personal Income (earnings, interest, dividends, rent)
- 2 Family and Friends
- 3 Public Support (SSI, SSDI, TANF, etc.)
- 4 All other sources (e.g. private disability insurance and private charities)

**PUBLIC ASSISTANCE AT APPLICATION:** Enter 0 if not receiving. Enter 1 if receiving and enter the monthly amount.

**PERSONS THROUGH WHOM INDIVIDUAL MAY BE CONTACTED:** Record the requested information.

**NAME – ADDRESS - TELEPHONE NUMBER - RELATIONSHIP:** Record the requested information.

**Note:** It is very important this part be thoroughly completed. Ask for persons who will maintain close contact with the applicant and whose residence is permanent or stable.

#### **4. EDUCATIONAL FACTORS**

**HIGHEST GRADE COMPLETED IN HIGH SCHOOL – YEAR - NAME AND LOCATION OF INSTITUTION:** Record requested information.

**IEP:** Record yes or no if the individual had an IEP in high school.

**OTHER TRAINING or COURSE – YEAR - NAME AND LOCATION OF SCHOOL or INSTITUTION:** Record requested information.

#### **5. VOCATIONAL FACTORS**

**CURRENTLY EMPLOYED:** Check appropriate box.

**HOURS PER WEEK - PRESENT or LAST EMPLOYER NAME - TYPE OF WORK PERFORMED - WEEKLY EARNINGS - MONTHS EMPLOYED - DATE LAST EMPLOYED:** Record requested information.

**EMPLOYMENT INTERRUPTED:** Check appropriate box. If yes, state reason.

**PREVIOUS EMPLOYMENT:** Beginning with most recent employment, list employers, type of work performed, and length of employment.

#### **6. COMPARABLE BENEFITS**

**COMPARABLE BENEFITS:** Record the requested information and check the appropriate box or boxes.

**COMPARABLE BENEFITS CODE:** To arrive at the comparable benefit code, add the numbers assigned to each of the benefits checked. Record the total comparable benefits code.

**MIGRANT AND SEASONAL FARM WORKERS:** Check appropriate box.

#### **4. APPLICATION**

List the services and vendors requested by the applicant.

**APPLICANT'S SIGNATURE AND DATE:** Secure the applicant or representative's signature. Record the date of application.

## ARKANSAS REHABILITATION SERVICES CASE NARRATIVE

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(Last Name)                      (First)                      (Middle)                      (Number)

Date & Status

## **CASE NARRATIVE INSTRUCTIONS**

Specific documentation in the case record is required during the rehabilitation process. The case narrative form is used for the documentation. This form is self-explanatory. Examples of the case narrative formats, statuses, and headings for referral and acceptance/plan development are included.

**AUTHORIZATION FOR RELEASE OF INFORMATION FORM (M-6)**  
**(See Forms Folder)**

**AUTHORIZATION FOR RELEASE OF INFORMATION  
INSTRUCTIONS  
(M-6)**

This form is to be used when requesting the release of information or exchange of information from another agency or vendor.

1. **Client Name:** Self-explanatory.
2. **Birth date:** Self-explanatory.
3. **Authorize:** Record hospital, clinic, agency, or school.
4. **Name or title of person(s) or organization to whom disclosure is to be made:** Self-explanatory.
5. **Specific Type of Information to be Disclosed:** Check appropriate box (s).
6. **The Purpose and Need for Such Disclosure:** Check appropriate box (s).
7. **Client Signature or Authorized Representative:** Manual signature of individual is required. If the individual does not write, the individual will either mark or an authorized representative will sign. If the individual is a minor, parent or guardian signature is required.
8. **Witness:** If the individual signs the release, only one witness is required.

## RIDAC SERVICE AUTHORIZATION

NAME \_\_\_\_\_ COUNSELOR \_\_\_\_\_  
(Last) (First) (Name) No.  
SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_ DATE OF RIDAC APPT. \_\_\_\_\_  
DISABILITY \_\_\_\_\_ DISABILITY CODE \_\_\_\_\_  
EDUCATIONAL LEVEL \_\_\_\_\_ VOC. INTEREST \_\_\_\_\_

**SERVICE REQUESTED                      ASSESSMENT PROBLEMS OR QUESTIONS TO BE ADDRESSED**

- GENERAL MEDICAL \_\_\_\_\_
- MENTAL HEALTH \_\_\_\_\_
- PSYCHOLOGICAL \_\_\_\_\_
- GATB \_\_\_\_\_
- IND. VOC. EVAL. \_\_\_\_\_
- ENGINEERING/TECHNOLOGY \_\_\_\_\_

**COUNSELOR – PLEASE CHECK ALL THAT APPLY**

- \_\_\_\_ Client reported a history of taking medication for significant health or mental health problems.
- \_\_\_\_ Client reported a history of Drug \_\_\_\_\_ and Alcohol Abuse \_\_\_\_\_
- \_\_\_\_ Client reported a history of Mental Health Problems (with \_\_\_\_\_ without \_\_\_\_\_ assessment/treatment)  
(records available \_\_\_\_\_ unavailable \_\_\_\_\_)
- \_\_\_\_ Client reported a history of Special Ed. (LD  or MR  ) (with \_\_\_\_\_ without \_\_\_\_\_ assessment)  
(records available \_\_\_\_\_ unavailable \_\_\_\_\_)
- \_\_\_\_ Client reported a history of sheltered workshop or supported employment placement
- \_\_\_\_ Client unable to Read/Write
- \_\_\_\_ Client reported a history of Head Injury
- \_\_\_\_ Client reported a history of Legal Problems/Convictions
- \_\_\_\_ Client reported a history of Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Problems
- \_\_\_\_ Accommodations required \_\_\_\_\_

[Please request clients bring a list of medications currently being (or to be) taken to the RIDAC Evaluation. Also, request clients bring prescription eye wear if required for reading or hearing aids to the evaluation.]

COUNSELOR SIGNATURE \_\_\_\_\_

## **RIDAC SERVICE AUTHORIZATION FORM INSTRUCTIONS**

This authorization for RIDAC services is to be completed and signed by the counselor prior to scheduling an individual for RIDAC services. The form is self-explanatory. The counselor will identify needed assessment services.

**Arkansas Rehabilitation Services**  
2201 Brookwood #117  
Little Rock, AR 72202  
(501) 666-8868 or (800) 828-2799 Voice/TDD or fax (501) 666-5319

**Assistive Technology Referral**

**Date:**

**To:** Barbara Gullett

**E-Mail:** bmgullett@ars.state.ar.us

**Counselor:**

**Client:**

**Office:**

**Address:**

**E-Mail:**

**City:**  **Zip:**

**Phone:**

**Phone:**

**Fax:**

**Case#:**

**Disability(s):**

## **ICAN ASSISTIVE TECHNOLOGY REFERRAL INSTRUCTIONS (SEAT)**

### **REFERRAL PROCEDURES**

1. Counselor completes assistive technology referral form off K drive.
2. Counselor forwards assistive technology referral form to ICAN Director.
3. ICAN Director reviews assistive technology referral form and contacts counselor for any additional information. (ARS Application Form, Initial Case Narrative, demographic information, IPE)
4. ICAN Director provides name and identifying information to Similar Benefits Coordinator to explore any similar benefit not identified, such as Medicaid, Medicare, Waivers, etc.
5. ICAN Director assigns team, designates team leader, and contacts counselor for referral clarification. Team leader contacts counselor and customer and targets possible evaluation dates.
6. Team completes functional assistive technology evaluation or consultation.
7. Team verbally communicates findings of assistive technology evaluation or consultation to counselor.
8. Team Drafts report. Original report is mailed to the counselor; copy of all information is given to the ICAN Director for assistive technology files.
9. Team Leader reviews assistive technology evaluation report with counselor. If customer has questions Team Leader will contact customer and address issues.
10. Team members, in coordination with counselor, determine follow-up needs.
11. Team Leader writes follow-up report after each follow-up, sends to counselor, and attaches to file in the ICAN Directors office.

**ARKANSAS REHABILITATION SERVICES  
GENERAL MEDICAL ASSESSMENT**

Counselor Name \_\_\_\_\_ Location \_\_\_\_\_

**To Be Completed by Counselor**

Client's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Physician \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_

CLIENT DESCRIPTION OF DISABILITY: \_\_\_\_\_

COUNSELOR OBSERVATIONS: \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN (FRONT AND BACK)**

**PRIMARY DISABLING CONDITION:** \_\_\_\_\_

**CHARACTERISTICS OF DISABLING CONDITION** (Check as indicated)

Permanent  Temporary  Stable  Improving   
Slowly Progressive  Rapidly Progressive

**MAJOR DISABLING CONDITION CAN BE:**

Removed by treatment: Yes  No   
Substantially reduced by treatment: Yes  No

**SECONDARY (AND OTHER) DISABLING CONDITIONS:** \_\_\_\_\_

**PHYSICAL CAPACITIES:** (USE SYMBOLS (X) LIMITATIONS (O) TO BE AVOIDED AS APPROPRIATE UNDER "PHYSICAL ACTIVITIES" AND "WORKING CONDITIONS")

**PHYSICAL ACTIVITIES:** Walking \_\_\_\_\_ Standing \_\_\_\_\_ Stooping \_\_\_\_\_ Bending \_\_\_\_\_  
Kneeling \_\_\_\_\_ Lifting \_\_\_\_\_ Reaching \_\_\_\_\_ Pushing \_\_\_\_\_ Pulling \_\_\_\_\_  
Other (specify) \_\_\_\_\_

**WORKING CONDITIONS:**

Outside \_\_\_\_\_ Inside \_\_\_\_\_ Humid \_\_\_\_\_ Dry \_\_\_\_\_ Dusty \_\_\_\_\_ Temperature Extremes \_\_\_\_\_  
Other (specify) \_\_\_\_\_

**DEFICITS IN FUNCTIONAL CAPACITY AREAS:** (check appropriate term –term description on back)

Mobility \_\_\_\_\_ Communication \_\_\_\_\_ Self-care \_\_\_\_\_ Self-direction \_\_\_\_\_  
Interpersonal Skills \_\_\_\_\_ Work Tolerance \_\_\_\_\_ Work Skills \_\_\_\_\_

**RECOMMENDATIONS:** (Indicate as Appropriate)

SPECIALIST EXAMINATION ADVISABLE FOR COMPLETENESS OF DIAGNOSIS OR  
PROGNOSIS (SPECIFY TYPE) \_\_\_\_\_

TREATMENT (SPECIFY TYPE AND APPROXIMATE DURATION) \_\_\_\_\_

OTHER \_\_\_\_\_

**REMARKS:** (If needed, please continue on page 2 ) \_\_\_\_\_

## **GENERAL MEDICAL EXAMINATION RECORD INSTRUCTIONS**

The counselor will complete and sign the top section of the form.

## **GASTRIC BYPASS STATEMENT OF UNDERSTANDING**

I understand that weight reduction surgery is a complicated medical procedure and there are risks involved. As part of my rehabilitation program, I agree to adhere to the recommendations of the surgeon and any other treating physicians or medical professionals at the time of surgery and during my recovery process. I understand that weight reduction surgery is not a “magic cure” but only an initial step in my effort to lose weight due to morbid obesity. I understand I must commit to a change in my lifestyle in order to lost weight and maintain a weight that does not pose a threat to my health. I agree to adhere to medically recommended diet and exercise programs and understand that if I do not adhere to such programs, I can regain a significant portion of any weight I may have lost as a result of the surgery. I have been informed of the research that indicates 5 years post surgery 70% of individuals who have weight reduction surgery regain 50% of weight initially lost. I have been informed that due to the above-mentioned research it is the practice of Arkansas Rehabilitation Services to pay for the weight reduction surgery one time.

I understand this service is provided to help me to gain or maintain employment.

---

Client Signature

Date

**E-31**

**Effective Date 10-10-02**

## **GASTRIC BYPASS STATEMENT OF UNDERSTANDING INSTRUCTIONS**

This form is to be completed on all gastric bypass cases and is to be signed by the individual and placed in the record of service.

**ARKANSAS REHABILITATION SERVICES  
MEDICAL CONSULTANT WORK SHEET**

Client \_\_\_\_\_ Date \_\_\_\_\_

Vocational Objective \_\_\_\_\_

		Yes	No	Recommendation	Date of Re-evaluation
I.	<u>Diagnosis</u>				
	A. Is general physical examination adequate?				
	B. Do signs suggest further study?				
	1. Are further tests indicated?				
	a. Laboratory tests				
	b. X-ray				
	2. Is specialist consultation indicated?				
	3. Is hospitalization for diagnosis indicated?				
	4. Is specialist's report conclusive?				
II.	<u>Prognosis</u>				
	A. Is disability "static"?				
	B. Can major disability be removed or substantially reduced by treatment in a reasonable length of time?				
III.	<u>Rehabilitation Plan</u>				
	A. Is treatment plan satisfactory?				
	B. Is training plan satisfactory From a physical standpoint?				
	C. Is placement plan satisfactory From a physical standpoint?				

Comments: (If more space is needed for comments, please continue using back of this sheet if necessary.)

\_\_\_\_\_  
M.D.  
Medical Consultant

**MEDICAL CONSULTANT WORKSHEET (RS-3G)  
INSTRUCTIONS**

Self-explanatory.

## ARKANSAS REHABILITATION SERVICES CERTIFICATE OF INELIGIBILITY

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
CASE NUMBER

The diagnostic study has been completed, and based on the information I have and to the best of my knowledge and judgment, it does not appear that you are eligible for vocational rehabilitation services. If you are dissatisfied with this decision, you may file a request for an administrative review of this action to be made by a member or members of the supervisory staff of the agency. If dissatisfied with the findings of this review, you will be given an opportunity for a fair hearing. Applicants may be afforded an annual review to determine if any changes have occurred which may result in a decision of eligibility.

THE REASON(S) FOR THIS DECISION IS:

DESCRIBE CLIENT INVOLVEMENT:

DATE FOR ANNUAL REVIEW IS \_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNSELOR SIGNATURE

\_\_\_\_\_  
NUM

\_\_\_\_\_  
DATE

**CERTIFICATE OF INELIGIBILITY  
INSTRUCTIONS  
(RS-4C)**

1. The Certificate of Ineligibility, RS-4c, will be completed when the case is closed "08" from Status 02.
2. The Certificate of Ineligibility is generated by ARIMIS after Status 08 is keyed.
3. The Certificate of Ineligibility form is displayed with the individual's name, Social Security Number, and counselor's name.
4. In the space provided, explain the reason the individual is ineligible for services.
5. Describe in the space provided the client's participation in the decision reached.
6. Record the date scheduled for the annual review for all individuals closed from Status 02 found ineligible because the individual indicates the severity of disability prevents participation in a rehabilitation program.
7. The individual should manually sign and record the date of signature
8. The counselor signs, record counselor number, and date of signature.
9. When an individual is closed in Status "08" from Status 02, a Certificate is completed in duplicate and the original is provided the applicant and a copy is placed in the local office file.

## ARKANSAS REHABILITATION SERVICES CERTIFICATE OF ELIGIBILITY

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

IN ACCORDANCE WITH THE REHABILITATION ACT OF 1973 AS AMENDED, IT IS DETERMINED THAT THE ABOVE NAMED INDIVIDUAL IS AN INDIVIDUAL WHO:

(1) HAS A PHYSICAL OR MENTAL IMPAIRMENT OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHICH CAUSES LIMITATIONS OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND CONSTITUTES OR RESULTS IN A SUBSTANTIAL IMPEDIMENT TO EMPLOYMENT, AND

(2) A. IT IS NECESSARY TO PROVIDE EXTENDED EVALUATION/ASSESSMENT SERVICES TO DETERMINE IF VOCATIONAL REHABILITATION SERVICES MAY BENEFIT THE INDIVIDUAL IN TERMS OF EMPLOYMENT OUTCOME,

EE SERVICES: \_\_\_\_\_  
COUNSELOR SIGNATURE DATE

B. CAN BENEFIT IN TERMS OF AN EMPLOYMENT OUTCOME FROM VOCATIONAL REHABILITATION SERVICES.

VR SERVICES: \_\_\_\_\_  
COUNSELOR SIGNATURE DATE

THE INDIVIDUAL REQUIRES VOCATIONAL REHABILITATION SERVICES TO PREPARE FOR, ENTER, ENGAGE IN, OR RETAIN GAINFUL EMPLOYMENT.

**CERTIFICATE OF ELIGIBILITY  
INSTRUCTIONS  
(RS-600-B-1)**

1. The Certificate of Eligibility is generated by ARIMIS after Status 10 is keyed.
2. The Certificate of Eligibility form is displayed with the individual's name, Social Security Number, and counselor's name.
3. The physical or mental impairment, the limitations, and the date of certification are to be keyed.
4. Check appropriate box for Trial Work Experience, Extended Evaluation, or VR services.
5. The Certificate of Eligibility for Trial Work Experience, EE, or VR services is not valid if not signed by the counselor and the Date of Certification entered.
6. The Certificate of Eligibility must be printed and placed in the case folder.

## ARKANSAS REHABILITATION SERVICES CERTIFICATE OF ELIGIBILITY ILRS

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

- I. THE INDIVIDUAL HAS A PHYSICAL OR MENTAL IMPAIRMENT WITH RESULTING FUNCTIONAL LIMITATIONS IN ACTIVITIES.
  
- II. THE LIMITATIONS FROM THE IMPAIRMENT CONSTITUTES A SUBSTANTIAL IMPEDIMENT TO EMPLOYMENT.
  
- III. THERE IS A REASONABLE EXPECTATION THAT INDEPENDENT LIVING SERVICES MAY SIGNIFICANTLY ASSIST THE INDIVIDUAL TO IMPROVE HIS/HER ABILITY TO FUNCTION INDEPENDENTLY IN FAMILY OR COMMUNITY INDEPENDENT FUNCTIONING.

INDEPENDENT LIVING SERVICES:

\_\_\_\_\_  
COUNSELOR SIGNATURE

\_\_\_\_\_  
DATE

THE REASONS FOR ARRIVING AT THE ABOVE CONCLUSIONS ARE:

**ILRS CERTIFICATE OF ELIGIBILITY  
INSTRUCTIONS  
(RS-600-B-1)**

1. The Certificate of Eligibility for ILRS is generated by ARIMIS after Status 72 is keyed.
2. The Certificate of Eligibility form for ILRS is displayed with the individual's name, Social Security Number, and counselor's name.
3. The Certificate of Eligibility is not valid if not signed by the counselor and the Date of Certification entered.
4. The Certificate of Eligibility must be printed and placed in the case folder.
5. The physical or mental impairment, the limitations, and the date of certification are to be keyed.

**ARS ASSESSMENT FOR DETERMINING PRIORITY CATEGORY FOR SERVICES**  
**SCOPE OF CASE STUDY**

CONSUMER NAME: \_\_\_\_\_ SSN \_\_\_\_\_

1. This individual has one or more impairments that are considered significant:  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. As a result of these impairments, the individual is significantly limited from achieving an employment outcome due to chronic loss in the following functional areas (as described and defined):

**MOBILITY**

- Regularly requires any of the following to get around in the community: modifications, adaptive technology, accommodations, and assistance from others
- Range of travel is severely limited
- Unable to use upper and/or lower extremities
- Unable to control and coordinate fine and/or gross motor movements such as button buttons, wind watch, etc.

**SELF DIRECTION**

- Requires supervision on a frequent or ongoing basis to begin and carry through with goals and plans, perform job tasks, monitor own behavior or make decisions
- Highly distractible/short attention span/severe difficulty concentrating on work
- Difficulty shifting focus from one task to the next
- Unable to work independently
- Unable to provide informed consent for life issues without assistance of a court appointed legal representative or guardian
- Unaware of consequences of behavior

**SELF CARE**

- Requires assistance on the job for personal needs
- Places self and/or others at risk due to poor decision-making/reasoning, or judgment
- Requires extra attention or monitoring to prevent accident or injury
- Unable to perform normal activities of daily living such as hygiene, cooking, shopping and money management without assistance.

**INTERPERSONAL SKILLS**

- Has not acquired cultural or age appropriate social skills, which will impede employer/co-worker interaction
- Work history includes recent negative references, firings, multiple short-term jobs or other evidence of work adjustment problems
- Social isolation, withdrawal, or rejection by co-workers
- Frequent conflict with co-workers or supervisors
- Has significant difficulty interpreting and responding to behavior and communication of others

## **ORDER OF SELECTION – PRIORITY CATEGORY INSTRUCTIONS**

1. The counselor will record the individual's name, Social Security Number, and check Yes or No for question #1.
2. The counselor will complete the Assessment For Determining Priority Category For Services. Utilizing the information below, the counselor will determine the Priority Category.
3. The counselor will check Yes or No if multiple services over an extended period of time are necessary.
4. The counselor will select the placement of Priority for Services by checking Category I, II, III, or IV.
5. If the placement category is I or II, the counselor will check Status 10.
6. If the placement category is III or IV, the individual will be given the option of being placed on a waiting list for services (Status 04) or closed Status 30. If the individual chooses placement on the waiting list, the counselor will check Status 04.
7. The counselor will sign and date the form.

### **Priority Category I - Most Significantly Disabled**

An individual with a most significant disability is defined as one who has a significant physical or mental impairment which:

1. seriously limits **two or more functional capabilities** (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
2. whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time; and
3. Who has one or more physical or mental disabilities as defined below.

## **Priority Category II - Significantly Disabled**

An individual with a significant disability is defined as one who has a significant physical or mental impairment which:

1. seriously limits **one or more functional capabilities** (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
2. whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\* ; and
3. Who has one or more physical or mental disabilities as defined below\*\*\*:

### **\*\*\*Definition:**

One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation. 29 U.S.C. 705(21)(A)

## **Priority Category III - Non-Significantly Disabled Needing Multiple Services**

Eligible individuals who are non-significantly disabled whose vocational rehabilitation is expected to require multiple services.

## **Priority Category IV - Non-Significantly Disabled**

Eligible individuals who are non-significantly disabled who cannot be classified into a higher priority. (Two or more VR services)

### **Definitions:**

\* Two (2) or more major VR services, i.e. physical or mental restoration, training, counseling and guidance, or placement.

\*\* 90 days or more from the date services are initiated.

STATE OF ARKANSAS



**Arkansas Rehabilitation Services**  
*Arkansas Department of Workforce Education*

Mike Huckabee  
*Governor*

John C. Wyvill  
*Commissioner*

Date:

Dear Client:

When you applied for Rehabilitation Services, I explained Order of Selection. This means that people who are most significantly disabled will receive priority for paid-for services. Based upon medical information obtained and a review of your rehabilitation potential, you are eligible and are being placed in:

- Category I (Most Significantly Disabled)
- Category II (Significantly Disabled)
- Category III (Non- Significantly Disabled Needing Multiple Services)
- Category IV (Non- Significantly Disabled)

If you are listed in Category I or II, contact me immediately to plan your Rehabilitation Program

If you are listed in Category III or IV, you must choose to (check one):

- Assistance with referral to other workforce investment programs/benefits
- Be placed on a deferred services list until more funds are available
- Request that your case be closed

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

You should contact me immediately of your decision or if you do not understand this letter.

If you are not satisfied with your category placement, you may request an administrative review. Your request must be in writing within 30 days of the date of this letter to:

\_\_\_\_\_, District Manager  
Arkansas Rehabilitation Services

Sincerely,

Rehabilitation Counselor

“ARS is in compliance with Titles VI and VII of the Civil Rights Act, the Americans with Disabilities Act and is operated, managed and delivers services without regard to age, religion, disability, sex, race, color or national origin.”

## **ORDER OF SELECTION NOTIFICATION LETTER INSTRUCTIONS**

1. The counselor will check the appropriate category.
2. The form will be mailed to the client and a copy placed in the file.

**ARKANSAS REHABILITATION SERVICES  
FINANCIAL RESOURCES**

Name of Client \_\_\_\_\_  
(Last) (First) (MI)

Date \_\_\_\_\_ Total Number In Household \_\_\_\_\_

**I. CAPITAL ASSETS**

	<u>Amount</u>
1. Liquid Assets (Exempt single \$4,000, person w/dep \$6,000)	\$
2. Real Property (Exempt \$25,000)*	\$
3. Personal Property (Livestock Only)	\$
4. Other	\$
5. TOTAL (Lines 1-4)	\$

**II. MONTHLY INCOME**

6. Salary (Continuing)	\$
7. Pension (Includes VA Disability/ Retirement, Railroad, SSI/SSDI, Annuities, Private Insurance, Etc.)	\$
8. AFDC	\$
9. Other (Include Family Income)	\$
10. TOTAL (Lines 6-9)	\$

**III. NORMAL LIVING REQUIREMENTS**  
(SEE NLR Chart)

11. Family Group	\$
------------------	----

**IV. CLIENT'S AVAILABLE RESOURCES**

	<u>Amount</u>
12. Monthly Income Available (Line 10 minus Line 11)	\$
13. Income Available (The Amount times Number of months)	\$
14. Capital Assets (Line 5)	\$
15. TOTAL (Lines 13 & 14)	\$

**V. COMPARABLE BENEFITS**

	Yes	No	Amount**
16. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	\$
17. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	\$
18. Pell Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$
19. Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
20. VA(Educ/Trng. Only)	<input type="checkbox"/>	<input type="checkbox"/>	\$
21. Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
22. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
23. TOTAL (Lines 16-22)			\$

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information in Sections I through V is true to the best of my knowledge. I also grant permission for the Arkansas Rehabilitation Services to investigate the accuracy of this report. If my financial condition changes, I agree to notify the Counselor.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Counselor Signature

\*Current Market Value Less Obligation Other than Client's Home  
\*\*Estimated amount of cost if exact amount is not available

## **FINANCIAL RESOURCES INSTRUCTIONS (RS -16)**

A properly executed RS-16 must be included in the case record of each individual prior to the provision of any services based on financial need. **Individuals receiving SSI/SSDI are exempt from financial needs assessment, but the form should be completed to assess available resources and comparable benefits.** The RS-16 is used to document financial resources and similar benefits of the individual. (The RS-600-A and RS-600-C are used to summarize and compute the amount of supplementation necessary.) Instructions for completion of the RS-16 are to be followed to assure compliance with State policies and regulations.

- Record the individual's name, date, and the total number in household.

### **CAPITAL ASSETS**

**1. Liquid Assets:** Liquid assets will be interpreted as meaning cash and those instruments that can readily be turned into cash. (Example - money on hand, savings, bonds, securities, and other negotiable papers.) Deduct the first \$4,000 for single persons (without dependents), or \$6,000 for persons with dependents and enter the remainder of liquid assets on the blank line. If none, enter 0.

**2. Real Property:** The individual's home is exempt from consideration. All other real property is interpreted to mean all real estate held in the individual's name. The equity of the individual's property will be entered. The first \$25,000 is to be exempted. Equity is interpreted to mean the difference between the total obligation against and the current market value of the property. Total obligation against is the amount owed on the property. This amount may be substantiated by whatever means the counselor has, including documented proof if deemed necessary. Current market value is the price the property will bring on the current market. This amount is determined by counselor judgment, any expert advice available, and/or any available record of sales of similar property, and estimates of the individual. If no equity, enter 0.

Examples: a) Applicant submits information of \$15,000 equity in real property. The individual is exempted and the amount entered is 0. b) Applicant submits information that obligation against the property is \$7,000. The current market value is \$35,000. Thirty-five thousand dollars minus \$7,000 equals \$28,000 equity. Twenty-eight thousand dollars minus \$25,000 exemption equals \$3,000 to be entered as a capital asset.

**3. Personal Property:** Consider only livestock that could be sold without depleting the herd or creating a hardship.

**4. Other:** Enter any other capital assets.

**5. Total:** Enter the sum of the amounts in Lines 1-4. If none, enter 0.

### MONTHLY INCOME

**6. Salary:** Enter the "take home" pay computed on a monthly basis for regular full-time employee. For farmers, teachers, or part-time employees, the amount entered will be the monthly average for the past 12 months. If income has ceased at the time of application or will not be continuing, enter 0 in the amount column.

**7. Pension:** Enter the amount and check or enter the type of pension.

**8. AFDC:** Enter the amount.

**9. Other:** Enter the source and the amount of any other income such as contributions, rent, board, etc., received.

**10. Total:** Enter the sum of amounts in Lines 6-9. If none, enter 0.

### NORMAL LIVING REQUIREMENTS

**11. Family Group:** Enter from the Normal Living Requirements Table the amount in accordance with the household group and any modification. NLR includes shelter, food, clothing, general health maintenance, utilities, and basic standard living requirements.

<u>Number of persons</u>	<u>Monthly Amount</u>
1	\$2,400
2	\$2,800
3	\$3,200

(\$400 each additional family member)

Exclusions include cash and/or liquid assets up to \$4,000 for persons without dependents and \$6,000 for persons with dependents. Exceptions are lump sum or one-time expenditures for rehabilitation services not exceeding \$1,000.

**EXCEPTION: Individuals at HSRC (See Appendix C, Financial Participation)**

## CLIENT'S AVAILABLE RESOURCES

Each individual is expected to use all resources available for the rehabilitation program.

**12. Monthly Income Available** (Line 10 – Line 11.)

**13. Income Available (Amount Monthly X Number of Months):** This amount represents continuing income available to the client. In all instances, any amount exceeding the NLR will be entered and used.

**14. Capital Assets:** Enter the amount from Line 5. If none, enter 0.

**15. Total:** Enter the sum of Lines 13 and 14.

## COMPARABLE BENEFITS

The essential purpose of providing the Comparable Benefits Section is to establish a way to document that a search for comparable benefits has been made. It should also be a tool in helping deal with financial planning. This list will provide a checklist of some of the well-known financial resources counselors will use as comparable benefits. The counselor must advise the individual where to go and who to call for each source of comparable benefits and monitor the search.

**16. Medicaid:** Check yes or no and enter the amount. If "no", enter 0.

**17. Medicare:** Check yes or no and enter the amount. If "no", enter 0.

**18. Pell Grant:** Check yes or no and enter the amount of grant as determined by the Financial Aid Administrator in the institution. If "no", enter 0.

**19. Insurance:** Check yes or no and enter the amount of insurance benefits available as determined by client statement or review of policy. The name of the company and policy number will be entered, if known. If "no", enter 0.

**20. Veteran's Administration (Educ/Trng Only):** Check yes or no. Enter the amount. If "no", enter 0.

**21. Workers' Compensation:** Check yes or no. Enter the amount. If "no", enter 0.

**22. Other:** Specify any other comparable benefits. Enter the amount. If none, enter 0.

**23. Total:** Enter the total amount of benefits the individual will have available. If none, enter 0.

**Comments:** Additional information or explanation may be included in this section.

**Individual and Counselor Signature:** The individual and counselor will manually sign in the appropriate space.



**INDIVIDUALIZED PLAN FOR EMPLOYMENT  
INSTRUCTIONS  
(RS-600-A)**

1. Enter last name, first name and middle initial. Add individual's Social Security #.
2. Check appropriate box.
3. (A) A vocational goal must be listed as a job classification in the Directory of Occupational Titles. (B) Add the six -digit DOT code. (C) This item should reflect the starting salary for the goal selected. (D) Check appropriate box. (E) Check appropriate box.
4. This section is for describing the criteria that will be used to evaluate the progress toward the achievement of the employment outcome. (intermediate rehabilitation objectives)
5. For services listed, check appropriate box. For services not listed, check appropriate box and write in the needed service. Enter the month and year services to be initiated and completed. Enter the name of the service provider. Method to procure service; check appropriate method.

Explanation:

- Purchased - ARS will pay for the services.
- Provided - ARS will provide the service.
- Arranged - Service will be provided by another source.

**Cost Estimate** - list cost of services and comparable benefit such as Pell Grant. Total the cost of services column. Total the comparable benefits column. The difference between the two totals will be recorded in the "less comparable benefits box". Total the individual's contribution and record in the "less consumer contribution box". Record the amount of agency supplementation.

6. Check appropriate box.
7. Write in date for annual review.
8. Have individual sign and date, then counselor will sign and date and list counselor number.



## **IPE AMENDMENT INSTRUCTIONS**

The counselor will complete the appropriate item(s) to amend the IPE.

1. Enter last name, first name and middle initial. Add individual's Social Security #.
2. Check appropriate box.
3. (A) A vocational goal must be listed as a job classification in the Directory of Occupational Titles. (B) Add the six -digit DOT code. (C) This item should reflect the starting salary for the goal selected. (D) Check appropriate box. (E) Check appropriate box.
4. This section is for describing the criteria that will be used to evaluate the progress toward the achievement of the employment outcome. (intermediate rehabilitation objectives)
5. Check the appropriate box to add or delete service and list the service appropriate box and write in the needed service. Enter the month and year services to be initiated and completed. Enter the name of the service provider. Check appropriate method to procure service.

Explanation:

Purchased – ARS will pay for the services.

Provided – ARS will provide service.

Arranged – Service will be provided by another source.

**Cost Estimate** - list cost of services and comparable benefit such as Pell Grant. Total the cost of services column. Total the comparable benefits column. The difference between the two totals will be recorded in the "less comparable benefits box". Total the individual's contribution and record in the "less consumer contribution box". Record the amount of agency supplementation.

6. Termination of case – Check appropriate box.
7. (A) Post-employment Termination – Check appropriate box. (B) Post-employment Services Provided – Check appropriate box.
8. Justification – Check appropriate box and write justification.
9. Have individual sign and date, then counselor will sign and date and list counselor number

**RECEIPT/RELEASE  
FOR OCCUPATIONAL TOOLS AND/OR  
EQUIPMENT AND TITLE AGREEMENT**

\_\_\_\_\_  
Date

Received of the Rehabilitation Services the following property:

Receipt of the occupational tools and/or equipment listed above is hereby acknowledged, and it is understood that such property has been supplied sole for the rehabilitation of the undersigned, who agrees to keep such property in good condition and available for inspection at all reasonable times, and recognizes that the right and title to the occupational tools and/or equipment is vested in the Rehabilitation Services until such time as title may be released. It is understood that this property is not be mortgaged, sold, given away, or in any way disposed of until title is released by Arkansas Rehabilitation Services. If, before title is released, the property is no longer being used for the purpose for which it was provided, it shall be returned to the Rehabilitation Services.

RECEIVED

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual

RELEASED

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual

**E-55**

**RECEIPT/RELEASE  
FOR OCCUPATIONAL TOOLS AND/OR  
EQUIPMENT AND TITLE AGREEMENT  
INSTRUCTIONS  
(M-33)**

This form will be prepared in duplicate; the original will be placed in the case record and the copy to the individual.

1. In the space provided, record the month, day, and year.
2. List in detail, the items purchased for the individual and describe each item, showing serial numbers, if applicable.
3. Signature of Individual: The individual will manually sign showing the same name carried in the case record.
4. Signature of Counselor: The counselor will manually sign and date.

Association of Rehabilitation Industry and Business, Inc.  
REFERRAL ENTRY FORM

Referral date \_\_\_\_\_  
Name \_\_\_\_\_ SSN/Case Number \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ New/Reopen \_\_\_\_\_  
Telephone \_\_\_\_\_ Message Phone \_\_\_\_\_  
Referral Counselor \_\_\_\_\_ Field Counselor \_\_\_\_\_ No. \_\_\_\_\_  
Primary Disability \_\_\_\_\_ Disability Code \_\_\_\_\_  
Vocational Objective \_\_\_\_\_ Code \_\_\_\_\_ Date Available \_\_\_\_\_ Location Preferred \_\_\_\_\_

The top portion of this form should be completed by the referring counselor.

Severe?  Yes  No SSI?  Yes  No Amount? \_\_\_\_\_ SSDI?  Yes  No Amount? \_\_\_\_\_

Restrictions \_\_\_\_\_

Level of education complete \_\_\_\_\_ Race \_\_\_\_\_

Veteran?  Yes  No HSRC Client?  Yes  No Date \_\_\_\_\_ Transportation  Yes  No

Unemployed before entry into project?  Yes  No Number of months? \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge and I hereby authorize the release of any information concerning me and/or my disability to prospective employers.  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Placement Specialist \_\_\_\_\_ Date Interviewed \_\_\_\_\_

Placement plans

## **JOB PLACEMENT REFERRAL FORM INSTRUCTIONS**

This form is used for all job placement referrals to the Arkansas Rehabilitation, Industry and Business, Inc. (ARIB)

1. The counselor will complete the top half of the form.
2. The bottom half will be complete by placement specialist.

### **Distribution (Field Office)**

White: Retained by counselor at referral  
Pink: Placement specialist's file copy  
Yellow: Return to ARS file after placement specialist interviews client

### **Distribution (HSRC)**

White: HSRC client file at referral  
Pink: Retained by ARIB for client file  
Yellow: Returned to HSRC counselor after placement specialist interviews client

Additional forms may be requested from ARIB.

### REQUEST FOR HSRC SERVICES

#### CLIENT DATA

Name: \_\_\_\_\_ SSN : \_\_\_\_\_ Status: \_\_\_\_\_

Referring Counselor: \_\_\_\_\_ Counselor# \_\_\_\_\_ Program Code \_\_\_\_\_

Primary/Secondary Disabilities (include Code #s) \_\_\_\_\_

Describe Status of Disability, If Applicable: \_\_\_\_\_

Prior Services at HSRC: \_\_\_\_\_

Contribution/Amount/Payment Source: \_\_\_\_\_

Plan for Payment of Comparable Benefits: \_\_\_\_\_

#### PLANNING INFORMATION

Explanation of Rehabilitation Problem: \_\_\_\_\_

(Use back of page if needed)

Statement of How Services Are Expected to Improve Client's Employment/Placement Potential: \_\_\_\_\_

(Use back of page if needed)

#### SERVICES REQUESTED

- Evaluation
- Medical Services
- Gait/Limb Training
- Limb Maker
- Vocational Training Area
- Employability Services
- Other-Specify \_\_\_\_\_

Effective Date 10-10-02

#### INFORMATION ATTACHED

- RS-4
- Medical Reports
- Specialists Reports
- Psychological Test Results
- Case Narratives
- Prescriptions/Special Diet
- IPE, If Applicable
- ARS-75
- Parental Consent
- (Minors)
- RS-16

#### RESIDENT INFORMATION

- Resident
- Non-resident
- Smoker
- Non-smoker

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

**REQUEST FOR HSRC SERVICES  
INSTRUCTIONS  
(RS-344)**

1. **Name:** Individual's last name, first name, and middle initial.
2. **Social Security Number:** Record client's social security number. Verify the number by checking the client's Social Security card.
3. **Status:** Current Rehabilitation status code (numerical).
4. **Referring Counselor:** Record last name only.
5. **Counselor Number:** Record field counselor's number.
6. **Program Code:** Record funding program code number.
7. **Primary and Secondary Disabilities:** List primary and all secondary disabilities with codes for each.
8. **Describe Status of Disability:** Complete if applicable. **Example:** Seizure disorder controlled by medication.
9. **Prior HSRC Services:** Dates of previous HSRC admissions and services received if known.
10. **Contribution/Amount/Payment Source:** Include the amount of contribution, frequency of contribution and name and address of the contributor to be billed if other than client.
11. **Plan for Payment of Comparable Benefits:** List all funding sources including name, address, and payment plan. **Example:** Worker's Compensation, Aetna Insurance Company, Medicaid (attach copy of current card with number), etc. and billing address.
12. **Planning Information**
  - **Explanation of Rehabilitation Problem:** This section should adequately identify and describe the rehabilitation problem in reference to the client's functional capacities and limitations and their implications in relation to his/her work potential. The rehabilitation problem is not the diagnosis or disability.

Rehabilitation problems are behaviors or conditions exhibited behavior or or conditions exhibited by individuals and/or presented by their environment which need to be eliminated or improved in order for the individuals to fulfill their vocational potential or maximize their work functioning.

Description of the rehabilitation problem should provide specific information related to the following questions:

1. Why is the individual not working?
  2. What is preventing the individual's obtaining, retaining, or preparing for
  3. employment?
  4. What are the specific functional limitations and restrictions imposed by the disability and how do these limitations and restrictions affect vocational functions and activities?
- **Statement of How HSRC Services are Expected to Improve Individual's Employment/Placement Potential:** The statement or information provided in this section should be linked to the explanation of the rehabilitation problem; i.e., what is the expected outcome of HSRC services in reducing, eliminating, or modifying the identified rehabilitation problem(s). Expectations should be stated in terms of improved or modified functional capacities related to the disability, not a change in the disabling condition itself. The expected, or desired, outcomes should be stated for each service requested.
  - **Services Requested:** Place a number in boxes to identify services requested and probable sequence of services.
  - **Information Attached:** Check appropriate box for documents attached to the Request for HSRC Services Form. These documents will be utilized for admissions information and program planning.
  - **Residential Information:** Check appropriate boxes.
  - **Counselor Signature and Date:** Counselor will manually sign and record the date the form is completed.



**AUTHORIZATION FOR ADJUSTMENT SERVICES  
INSTRUCTIONS  
(RS-315)**

The Authorization for Adjustment Services will be completed by the Counselor to authorize an individual to receive up to eighty (80) days of Work Adjustment in a "block funded" CRP and for an individual to receive additional work adjustment in Extended Services under Title F- funding. The counselor will decide upon the need for the individual to receive services in each instance and complete the RS -315 for either Work Adjustment or Extended Services as appropriate (if extended services, specify number of months).

1. The RS-315 will be prepared in triplicate for either Work Adjustment or Extended Services.
2. In each instance, the original and one copy are submitted to the CRP and one copy will be filed in the record of services.
3. It will be the responsibility of the CRP to forward a copy to the Community Program Development section.

**ARKANSAS REHABILITATION SERVICES  
RESPONSIBILITIES OF COLLEGE STUDENTS  
(M-43)**

You have been accepted for assistance in college training by the Arkansas Rehabilitation Services. Continued assistance will depend upon your cooperation and acceptance of the following responsibilities.

A. You will be expected to apply for the Pell Grant on an annual basis and provide copies of the results to this office.

B. Reports to your counselor:

Name \_\_\_\_\_

Address \_\_\_\_\_

1. Immediately after enrollment and registration, report the following:
  - a. Title of each course and number of credit hours for each.
  - b. Address of school, including street address or dormitory and room number.
  - c. Any problems encountered affecting registration or enrollment.
2. The second report is due at the end of the first grading period such as four weeks, six weeks or nine weeks and must include the grade received in each subject.
3. The third report will be due at the end of the semester or term and will include your final grade for each course. This is your report and not the official college report. You will be able to obtain your grades before they are posted in the Registrar's Office and these can be used for your report.

The reports listed above will be required for each semester or term.

C. Other responsibilities:

1. It is required that each full-time student carry a minimum load of 12 semester hours. Enrollment in less than 12 semester hours is permissible only upon special written permission from your counselor prior to enrollment. You will be expected to maintain a "C" average.
2. Any anticipated change in your major field of study or vocational objective must be reported to your counselor.
3. Dropping of any course or dropping out of school must be reported.

4. Any disciplinary action in which you are involved must be reported to your counselor.
5. You must make arrangement for a personal contact with your counselor during the summer months to evaluate your progress.
6. Upon completion of your college work, it is your responsibility to keep in touch with your counselor and notify him/her when you accept employment.

---

Individual' Signature

Date

---

Counselor's Signature

Date

**RESPONSIBILITIES OF COLLEGE STUDENTS FORM  
INSTRUCTIONS  
(M-43)**

This form is to be completed by all individuals participating in a college program. The original is to be filed in the case folder and a copy provided to the individual.

- Self-explanatory
- The counselor and individual will sign and date the form.
- The original is filed in the case folder and a copy provided to the individual.

## LETTER FOR STUDENTS IN TRAINING

Date

Individual's Name

Address

City, State Zip

Dear

This is a reminder for Arkansas Rehabilitation Services to meet Federal and State Guidelines for you to receive assistance from ARS, you must comply with the following:

1. Apply for the Pell Grant on an annual basis and send a copy of the award or denial letter for your file.
2. Final grades from the last semester in school or a copy of your transcript showing your final grades must be forwarded to me for your file.
3. Maintain a 2.0 grade point average while enrolled as a full-time student.
4. Arrange to meet with me once following the Spring Semester and at least one month prior to the Fall Semester to accomplish an annual review.

Failure to comply with these guidelines will result in denial of tuition assistance to you.

Sincerely,

Counselor

Arkansas Rehabilitation Services

## **LETTER FOR STUDENTS IN TRAINING INSTRUCTIONS**

This letter is to be mailed to the individual during the Spring Semester.

- Self-explanatory
- The content of the letter will remain the same.
- It will be necessary for the counselor to create the letter on local office letterhead.

**ARKANSAS REHABILITATION SERVICES  
MONTHLY LETTER FORM TRAINEE**

**(At the end of each month the trainee will write a letter and mail it to the Arkansas Rehabilitation Services office in one of the enclosed envelopes. Statements to be included are: progress in training, difficulties you may be having and any other statements you care to make concerning your preparation for employment.)**

---

Date \_\_\_\_\_

Trainee \_\_\_\_\_

Started Training \_\_\_\_\_

Present Address: \_\_\_\_\_

List Absences: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Reentered \_\_\_\_\_

\_\_\_\_\_

**(IF YOU NEED MORE SPACE USE THE BACK SIDE OF THIS SHEET.)**

**E-68**

## **MONTHLY LETTER FROM TRAINEE INSTRUCTIONS**

Self- explanatory. (See form)

# ARKANSAS REHABILITATION SERVICES TRAINING PROGRESS REPORT

NOTE—THIS REPORT MUST ACCOMPANY ANY CLAIM FOR PAYMENT OF TUITION OR OTHER CHARGES

Name of Trainee \_\_\_\_\_ Month ending \_\_\_\_\_, \_\_\_\_\_

Name of Course \_\_\_\_\_

- 1. Number of Days Present—(For full-time trainee) \_\_\_\_\_ days of \_\_\_\_\_ days offered.
- Number of Hours Instruction Given—(For part-time or tutorial) \_\_\_\_\_ hours of \_\_\_\_\_ hours offered.

*Check with "X" the word or words best describing items 2, 3, 4, 5, and 6*

- 2. Regularity of Attendance—This month:
  - No time lost . . . . . \_\_\_\_\_
  - Occasional absences (3 or less.) . . . . . \_\_\_\_\_
  - Irregular (4 or more) . . . . . \_\_\_\_\_
  - Were absences excusable? Yes  No
- 3. Status of Trainee—This report:
  - In training . . . . . \_\_\_\_\_
  - In training but ready for job . . . . . \_\_\_\_\_
  - In employment . . . . . \_\_\_\_\_
  - Discontinued . . . . . \_\_\_\_\_

- 4. Progress This Month:
  - Accelerated . . . . . \_\_\_\_\_
  - Average . . . . . \_\_\_\_\_
  - Slow . . . . . \_\_\_\_\_
  - No progress . . . . . \_\_\_\_\_
- 5. Quality of Work:
  - Excellent . . . . . \_\_\_\_\_
  - Good . . . . . \_\_\_\_\_
  - Fair . . . . . \_\_\_\_\_
  - Poor . . . . . \_\_\_\_\_
- Co-operation in Training
  - Cooperative . . . . . \_\_\_\_\_
  - Fairly cooperative . . . . . \_\_\_\_\_
  - Indifferent . . . . . \_\_\_\_\_
  - Not co-operative . . . . . \_\_\_\_\_

- 7. Difficulties (If any, check below and explain briefly on back of this form):

- (a) With training course:
  - Learning subject matter \_\_\_\_\_
  - Following instructions \_\_\_\_\_
  - Handling tools or machines \_\_\_\_\_
  - Speed \_\_\_\_\_
  - Accuracy \_\_\_\_\_
- (b) Other difficulties:
  - With disability \_\_\_\_\_
  - With appliance \_\_\_\_\_
  - With general health \_\_\_\_\_
  - With other (Describe) \_\_\_\_\_

- 8. Subjects or Operations This Month—With grades (If in employment training, rate performance as Good, Fair, or Poor):

Subjects or Operations	Grade or Rating	Subjects or Operations	Grade or Rating
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 9. In your judgment, does trainee have the talent, personality, education and other qualifications necessary to succeed in this kind of work? \_\_\_\_\_ If not, explain \_\_\_\_\_

- 10. Has trainee begun to earn a wage? \_\_\_\_\_ If so, how much? \_\_\_\_\_

- 11. How much more time will trainee require (approximately) to complete training? \_\_\_\_\_

- 12. Recommendations for improving performance \_\_\_\_\_

Training Agency \_\_\_\_\_

Address \_\_\_\_\_

(Date) \_\_\_\_\_ (Signed) \_\_\_\_\_

Officer or Instructor in Charge

## **TRAINING PROGRESS REPORT INSTRUCTIONS**

This progress report is to be submitted by the officer, or instructor in charge as pre-arranged by the counselor. The counselor and vendor determine time frame.

**STUDENT HEALTH SURVEY  
FOR  
REHABILITATION SERVICES**

STUDENT'S SOCIAL SECURITY # \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
City Zip Code  
COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_  
FAMILY DOCTOR: \_\_\_\_\_

The purpose of this form is to help us locate any student with a physical, mental, and/or other problems that may qualify for assistance with a program of vocational training – college or university, business, trade school, or other types of training, and other rehabilitation services.

Are you excused from Physical Education because of medical reasons? \_\_\_\_\_  
If Yes, why? \_\_\_\_\_  
Are you in Special Education? \_\_\_\_\_ Do you have a drug or alcohol problem? \_\_\_\_\_  
Do you have any of the following problems?

Mental \_\_\_\_\_ Physical/functional \_\_\_\_\_ or emotional \_\_\_\_\_

PLEASE CHECK BELOW ANY OF THE FOLLOWING CONDITIONS OR DISEASES WHICH NOW CAUSE YOU SOME LIMITATION OR DIFFICULTY.

- |  |   |
|--|---|
| <input type="checkbox"/> Deafness (or)             | <input type="checkbox"/> Asthma, severe       |
| <input type="checkbox"/> Severe Hearing Loss       | <input type="checkbox"/> Cancer               |
| <input type="checkbox"/> Speech Problem, severe    | <input type="checkbox"/> Osteomyelitis        |
| <input type="checkbox"/> Mental /Emotional Problem | <input type="checkbox"/> Heart Impairment     |
| <input type="checkbox"/> Learning Problem          | <input type="checkbox"/> Lung Impairment      |
| <input type="checkbox"/> Drug/Alcohol Problem      | <input type="checkbox"/> Arthritis            |
| <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Curved Spine         |
| <input type="checkbox"/> Tuberculosis              | <input type="checkbox"/> Physical Deformities |
| <input type="checkbox"/> Sickle Cell Anemia        | <input type="checkbox"/> Specify _____        |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Amputation           |
| <input type="checkbox"/> Overweight, severe        | <input type="checkbox"/> Specify _____        |
| <input type="checkbox"/> High Blood Pressure       | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Rheumatic Fever           | <input type="checkbox"/> Specify _____        |

PLEASE LIST AND EXPLAIN ANY OTHER CONDITIONS OR PROBLEMS NOT LISTED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_

(Use back or additional page if necessary)

RETURN THIS FORM TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **STUDENT HEALTH SURVEY INSTRUCTIONS**

This form is to be used by the counselor to survey high school students.

**REHABILITATION SERVICES**  
**CLIENT FOLLOW-UP INFORMATOIN**

Dear

You have recently been provided services in an effort to help you continue in your employment or to help you return to employment

I would like for you to fill out the following Employment Questionnaire and return it to me in the enclosed self-addressed envelope.

1. Do you work regularly?

---

---

2. What is your job?

---

---

3. Where are you working?

---

---

(Name and address of employer)

---

4. What is your weekly pay?

---

---

5. When did you start working?

---

6. Are you a Homemaker? If so, are you now able to perform your homemaking duties?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you an Unpaid Family worker in the home?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. REMARKS

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Signed: \_\_\_\_\_ Date \_\_\_\_\_

Please return as soon as possible

**CLIENT FOLLOW UP  
INSTRUCTIONS  
(M-17)**

This form is used to assist the counselor to secure follow up information from the individual.

## **CERTIFIED LETTER - CLOSURE OF CASE RECORD OF SERVICES**

Dear Individual:

The Certified Letter is to inform you that your ARS file is being closed since you are employed. A minimum of three attempts with at least one in writing has been made to contact you about closure of your case. The Code of Federal Regulations (Part 361,34,Section 361.56) state that the case record of services of an individual who has achieved an employment may be closed if the following requirements have been met:

- (A) Employment outcome achieved. The individual has achieved the employment outcome that is described in the Individual's Individualized Plan for Employment that is
  - (1) Consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and
  - (2) In the most integrated setting possible, consistent with the individual's informed choice.
- (B) Employment outcome maintained. The individual has maintained the employment outcome for an appropriate period of time, but not less than 90 days, necessary to ensure the stability of the employment outcome, and the individual no longer needs vocational rehabilitation services.
- (C) Satisfactory outcome. At the end of the appropriate period under paragraph (B) of this section, the individual and vocational rehabilitation counselor consider the employment outcome to be satisfactory and agree that the individual is performing well in the employment.
- (D) Post-employment services. The individual is informed of the availability of post-employment services.

If notice to the contrary is not received from you within five working days from the date of the receipt of this letter, I will consider the requirements met and your case will be closed. If you have any questions or concerns, please contact me.

Sincerely,

Counselor  
Arkansas Rehabilitation Services

**E-76**

**CERTIFIED LETTER -CLOSURE OF CASE RECORD OF SERVICES  
INSTRUCTIONS**

Letterhead stationery will be used for this letter.



**Arkansas Rehabilitation Services**  
Arkansas Department of Workforce Education

Counselor No.    \_\_\_  
                          \_\_\_

**Consumer Satisfaction**

We are always trying to improve our services by listening to our consumers and getting their opinions on how well we are doing. To protect the respondents' identity, an **external evaluator** will log the responses. Your ratings and those of other consumers will be grouped together so that the sources of the ratings remain strictly confidential.

Given your experiences with Arkansas Rehabilitation Services delivery system, would you please rate them on the following: **Please circle only one number for each aspect.**

<b>Aspects</b>	<b>Low</b>					<b>High</b>
1. Counselor's efforts to involve you in making decisions about your rehabilitation program.	1	2	3	4	5	
2. Counselor's efforts to listen to your ideas and suggestions about the job you would like to have.	1	2	3	4	5	
3. Counselor's efforts to involve you in making decisions about the services you need.	1	2	3	4	5	
4. Counselor's efforts to involve you in choosing service providers.	1	2	3	4	5	
5. Your satisfaction with the services you received.	1	2	3	4	5	
6. The speed with which the services got started.	1	2	3	4	5	
7. Your satisfaction with your interaction with the counselor.	1	2	3	4	5	
8. Your satisfaction with your interaction with service providers other than VR.	1	2	3	4	5	
9. Your satisfaction as to how sufficient these services were in helping you get or keep a job.	1	2	3	4	5	
10. Counselor's/VR efforts to help you find a job.	1	2	3	4	5	
11. Counselor's efforts to keep in touch with you after your case was closed to make sure you did not need more services.	1	2	3	4	5	
12. Counselor's/VR ability to help you in general.	1	2	3	4	5	
13. Are you using accommodations or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, rate the counselor's efforts in helping you get these.	1	2	3	4	5	
14. Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are working, rate your satisfaction with your job	1	2	3	4	5	

**Thank you for completing the form. Please fold and tape it to show Arkansas Rehabilitation Services address and drop it in the mail.**

## **CONSUMER SATISFACTION SURVEY INSTRUCTIONS**

This form is to be mailed to the individual at the time of closure (Status 26 and 28). The original form is postage paid so copies cannot be used.

**APPENDIX F  
SUBSTANCE FREE POLICY**

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# **SUBSTANCE FREE POLICY**

## **PURPOSE**

ARS desires to create an environment that protects the public health and safety of ARS customers and staff as it relates to substance use. The purpose of this policy is to assure ARS customers with disabilities have available vocational rehabilitation services to assist them in becoming employed without the risk of being affected by others utilizing drugs, alcohol or other substances. The potential for violence in the school or workplace is very real. This is exacerbated by the prevalence of illegal substances among our customers. It is our obligation to employees and other customers that the ARS experience is provided in the safest and most positive settings possible.

## **SCOPE**

This policy is applicable to all customers seeking, applying for or receiving assistance from ARS.

## **POLICY**

Unlawful manufacturing, distributing, dispensing, possession of, or the use of a controlled substance, illegal use of substances (drugs, alcohol, inhalants and steroids) while on any statewide agency premises or actively participating in an ARS program is prohibited. Any ARS customer violating this policy will be subject to disciplinary action.

The specifics of this policy are:

1. Transfer, sale, manufacture or use of a controlled substance, illegal use of substances and/or alcohol to minors by an ARS customer can be grounds for disciplinary action.
2. Use of prescription drugs other than prescribed by a licensed health care professional is not permitted, and abuse of prescribed drugs other than the prescribed amount.
3. Abuse of other substances, such as abuse of inhalants and steroids is not permitted.
4. The use of alcohol is not permitted on state premises or during the delivery of services away from state premises.

## **ARS CUSTOMER RESPONSIBILITY**

1. ARS customers seeking, applying for or receiving vocational rehabilitation services or pre-employment related services may receive a request from ARS to submit to a drug test, alcohol test or reasonable-suspicion testing.

**F-1**

2. ARS customers refusing to submit to testing may be subject to disciplinary action.
3. ARS customers with alcohol breath test confirmation of a breath alcohol content .08 percent or more will be subject to disciplinary action.
4. ARS customers residing at HSRC may be required to return to their field counselor for assistance with counseling and/or treatment.
5. ARS customers who reside at HSRC may randomly have their premises searched by a drug dog or designated personnel as deemed necessary by the HSRC Administrator. The customer will be asked to be present at the time of the search.
6. ARS customers are required to inform the agency within (5) days after a conviction related to substance use, where the violation occurred on the statewide agency premises or while in a program being funded by ARS. A conviction means a pleading or finding of guilt (including a plea of nolo contendere) or a sentence by a court of competent jurisdiction.
7. ARS customers may be required, as part of resuming services under their Individual Plan of Employment, to successfully finish a substance abuse rehabilitation program sponsored by an approved private or governmental institution or 12-Step Recovery Program. ARS may, with agreement between the customer and counselor, provide assistance with such a program.
8. ARS customers entering a training/internship/apprenticeship or employment related program, requiring drug or alcohol screening as part of the process that do not pass the screening are subject to disciplinary action.
9. ARS customers who are high school students fall under both their school policies and this policy while actively participating in an ARS program.

## **SCREENINGS**

ARS designated staff will be required to assure these tests are performed by a certified laboratory and reviewed by an official health professional for interpretation. ARS will provide payment for the required testing procedures under the arrangement of the counselor. For students at Hot Springs Rehabilitation Center (HSRC), samples will be collected by the HSRC Hospital Laboratory during working hours or by a certified laboratory after hours and the testing will be completed by a non-agency laboratory.

### **Types of Test**

Drug Test(s) includes urine and/or blood specimen\*

Alcohol Test(s) includes breath analysis, urine and/or blood specimen\*

Confirmation Test

Reasonable –suspicion testing

\*Specimens will be collected in conformance with Hospital Licensing Regulations.

## **DISCIPLINARY ACTION**

An ARS customer who violates this policy may be disciplined in one or more of the following ways:

- a behavioral contract
- referral for substance abuse counseling
- referral to a substance abuse rehabilitation program
- referral to a 12-Step Program of Recovery
- Suspension or termination of services, in accordance with 29 USC § 705 Sec. 102 (c) (7) Impact on Provision of Services

**ARKANSAS REHABILITATION SERVICES  
SUBSTANCE FREE POLICY**

As a customer of Arkansas Rehabilitation Services (ARS), I hereby certify, from my signature below, that I have received a copy of the agency's policy regarding the Substance Free Policy. (This has been provided in the appropriate format.) I understand that unlawful manufacturing, distributing, dispensing, possession of, or the use of a controlled substance, illegal use of substances while on any statewide agency premises or actively participating in an ARS program is prohibited. I understand a violation of this policy will subject me to disciplinary action.

The policy has been explained to me clearly, I understand my responsibilities, and I agree to abide by the terms of this policy. I confirm that my guardian(s) or I have been provided a copy.

Customer's Signature: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Customer's Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

## DEAF OUTREACH CENTER (DOC)

I have received a copy of the policy concerning drug and alcohol use of people who go to Deaf Outreach Center (DOC). If I am illegally using drugs, alcohol or other substances, I understand to come to DOC, I must want to stop using. I must demonstrate that I am trying to stop using.

If I want to go or continue to go to DOC, I must follow the DOC rules about drug and illegal use of alcohol. If I am arrested or convicted of a substance abuse offense, I must tell DOC within in five (5) days of this conviction.

Customer's Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Customer's Printed Name \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBSTANCE FREE POLICY DEFINITIONS:**

1. **ARS** refers to Arkansas Rehabilitation Services.
2. **Customers** refer to ARS customers with disabilities, which includes referrals, applicants and those receiving VR services.
3. **Drug and illegal use of drugs** as described by the Rehabilitation Act as amended –
  - (A) Drug. --The term **'drug'** means a controlled substance, as defined in Schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).
  - (B) Illegal use of drugs. --The term **'illegal use of drugs'** means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law. (29 USC § 705 Sec. 6. (10))
4. **Right and advocacy provisions** as described by the Rehabilitation Act as amended –
  - (i) In general exclusion of individuals engaging in drug use. — For purposes of title V of this chapter, the term **individual with disability** does not include an individual who is currently engaging in the illegal use of drugs, when a covered entity acts on the basis of such use.
  - (ii) Exception for individuals no longer engaging in drug use— Nothing in clause (i) shall be construed to exclude as an individual with a disability, an individual whom—
    - (I) has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;
    - (II) is participating in a supervised rehabilitation program and is no longer engaging in such use; or
    - (III) is erroneously regarded as engaging in such use, but is not engaging in such use; except that it shall not be a violation of this Act for a covered entity to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described in subclause (I) or (II) is no longer engaging in the illegal use of drugs.

- (iii) Exclusion for certain services. —  
Notwithstanding clause (i), for purposes of programs and activities providing health services and services provided under titles I, II, and III, an individual shall not be excluded from the benefits of such programs or activities on the basis of his or her current illegal use of drugs if he or she is otherwise entitled to such services.
- (iv) Disciplinary action. --For purposes of programs and activities providing educational services, local educational agencies may take disciplinary action pertaining to the use or possession of illegal drugs or alcohol against any student who is an individual with a disability and who currently is engaging in the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against students who are not individuals with disabilities. Furthermore, the due process procedures at section 104.36 of title 34, Code of Federal Regulations (or any corresponding similar regulation or ruling) shall not apply to such disciplinary actions.
- (v) Employment; exclusion of alcoholics. — For purposes of sections 503 and 504 as such sections relate to employment, the term individual with a disability does not include any individual who is an alcoholic whose current use of prevents such individual from the duties of the job in question or whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others. (29 USC § 705 Sec. 6 (20) (C))

- 5. **Drug Test** means any chemical, biological or physical instrument analysis administered by a laboratory authorized to do so pursuant to this policy for the purpose of determining the presence or absence of a drug or its metabolites pursuant to regulations governing drug testing adopted by the Department of Transportation or such other recognized authority approved by rule by the Commissioner.
- 6. **Alcohol Test** means an analysis of breath, urine or blood or any other analysis, which determines level or absence of alcohol as authorized by the Department of Transportation in its rules and guidelines concerning alcohol and drug testing. A breath test will consist of using an Evidential Breath Test Device approved by the National Highway Traffic Safety (NHTSA) for evidential testing of breath of alcohol content. (49 C.F.R. 40 Part 40.3)
- 7. **Confirmation Test-** In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite. This test is independent of the previous screening test and uses a different technique and chemical principle from that of the screening test in order to ensure reliability and accuracy.

(Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine.) In alcohol testing, a second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration. (49 C.F.R. 40 Part 40.3)

8. **Prescribed medication** means medication prescribed by licensed health care professional.

9. **Reasonable-suspicion testing** means drugs, alcohol or other substance testing. This testing is based on a belief that an ARS customer is using or has used drugs, alcohol or other substances in violation of the covered policy drawn from specific objective, articulable facts, and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

- A) Observable phenomena while on ARS premises such as observation of drug, alcohol or other substance use or of the physical symptoms or manifestation of being intoxicated as defined in ACA § 5-2-207
- B) Abnormal conduct or erratic behavior while on ARS premises or a significant deterioration in performance as it relates to ARS services or causes a critical incident;
- C) A report of drug, alcohol or other substance use provided by a reliable and credible source;
- D) Evidence that an ARS customer tampered with a drug test, alcohol test or other substance test;
- E) Information that the ARS customer has used, possessed, sold solicited, or transferred drugs, alcohol or other substances while being on ARS premises or while operating ARS vehicles, machinery or equipment.

10. **Specimen** means tissue, fluid, or a human product of the human body capable of revealing the presence of substance used or their metabolite levels.

11. **Substance Abuse Rehabilitation Program** means a service provider that provides confidential, timely and expert identification, assessment, and resolution to the ARS customers substance abuse. This program will be an approved private or governmental institution for the treatment of substance abuse.

**12. *Other Designated Staff*** refers to ARS staff approved by the Commissioner, who is responsible to assure a Substance Free ARS environment. These staff will be responsible for maintaining control and accountability from the initial collection of information to the final disposition of the situation. Also, accountable for each stage of handling, testing and storing specimens and reporting test result.

**13. *Other Substances*** means inhalants and steroids.

**14. *Inhalants*** means a product that--

A) may be a legal, commonly available product; and

B) has a useful purpose but can be abused, such as spray paint, glue, gasoline, correction fluid, furniture polish, a felt tip marker, pressurized whipped cream, an air freshener, butane, or cooking spray.

**15. *Legal Steroids***, which may be misused, are:

***Anabolic steroid*** is the familiar name for synthetic substances related to the male sex hormones (androgens). They promote the growth of skeletal muscle (anabolic effects) and the development of male sexual characteristics (androgenic effects), and also have some other effects. Steroid Supplements, such as dehydroepian-drosterone (DHEA) and androstenedione (street name Andro) can be purchased legally without a prescription through many commercial sources including health food stores. They are often referred to as dietary supplements, although they are not food products.